

RACIST EVENTS AND POST-RAPE DISCLOSURE PATTERNS IN BLACK COLLEGE
STUDENTS

By
Shantoyia S. Jones

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Chairperson James W. Lichtenberg, Ph.D.

Changming Duan, Ph.D.

Vicki Peyton, Ph.D.

Meagan Patterson, Ph.D.

Dorthy Pennington, Ph.D.

The Dissertation Committee for Shantoyia S. Jones
certifies that this is the approved version of the following dissertation:

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Chairperson James W. Lichtenberg, Ph.D.

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Abstract

The relationship between racial identity well-being (psychological, emotional, social, and physical health), experiences and appraisal of racist events, and the behaviors that follow rape have been substantive areas of interest for a considerable number of researchers. However, the interactions among these research areas have received only limited attention in the contemporary psychological literature. Using a series of multinomial-logistic regression models with a sample size of 387 Black college students, this study explored the relationship between Black students' experience with racist events and the disclosure choices they would select subsequent to a rape. The moderating effect of racial identity was explored as well. Results indicated that there is a relationship between experiences with racism and the types of post-rape disclosure choices selected and that one's racial identity centrality impacts this relationship. Specifically, when Racial Centrality was entered into each model (Recent, Lifetime, and Appraised Level of Stressfulness), both traditional (System) and non-traditional (Non-System) reporting options were more likely to be selected than 'System' and 'Non-System' disclosure choices alone. Among the models, the relationship between one's appraised level of stress due to the experience of racist events and disclosure choices was found to be more influenced by Racial Centrality, than the relations between recent and lifetime experiences with racism and disclosure choices.

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CHAPTER I: INTRODUCTION

Black Americans continue to endure several forms of racism, and despite social and political advances to counteract this, the impact of these still frequent occurrences continues to affect and inform this population. There have been many arguments suggesting a decline in or the non-existence of racism, given some significant changes to leadership in American society (e.g., election of President Barack Obama; appointment of Justice Sonia Sotomayor to the United States Supreme Court). However, like many cultural factors that evolve as leadership changes, expressions of racism have evolved to include more nuanced expressions of prejudicial and/or discriminatory beliefs and attitudes.

Racism remains a problem in American society. In a study exploring the relationship of experience with racial discrimination with physical and mental health in an African American sample, “Only 3 of the 153 subjects (1.9%) reported experiencing absolutely no racist discrimination of any type in the past year...Of the sample, 100% reported that they had experienced some type of racial discrimination in the course of their lifetimes” (Landrine & Klonoff, 1996, p.149). Given the recent events that have taken place in this country over the past few years, it would be safe to assert that most Black Americans have had some experience with racism either directly or indirectly, and that these events impact and inform their identity and the framework from which they think and operate in this country. The racism and discrimination experienced by Black Americans is both overt (e.g., the chapter of National Socialist Movement patrolling the area of Sanford, Florida where the Black, unarmed teen Treyvon Martin was shot and killed; publication and distribution of the *Citizens Informer*, a quarterly newspaper

produced by the Council of Conservative Citizens, a White Nationalist group; the militarization of local Ferguson, Missouri police department and rallies in support of the police officer who shot and killed an unarmed, college bound, Black youth, Michael Brown) and covert (e.g., dog-whistle politics [McCutcheon & Mark, 2014] ; race-based education standards; new voter registration restrictions; etc.). Much research has shown that experiences of racism affect many facets of Black peoples' wellbeing (mental, physical, and social health). In the Landrine and Klonoff (1996) study, the authors found that 95% of the participants from the sample found their experiences with racism to have been stressful. What has been gleaned from race/racism-related literature is that experiences with racism impact people's judgment, identity, esteem, well-being, interpersonal relationships, and help-seeking behaviors. The present study explored the impact of racism on post-rape disclosure patterns and how racial identity, which has been posited in some studies as a buffer to the adverse effects of racism (e.g., Sellers & Shelton, 2003), moderated this relationship.

A recent study that surveyed the disclosure patterns and activation of health care services among Black Americans (Shippee, Schafer, & Farraro, 2012) found that Black persons presenting with physical health complaints who also had experienced discrimination were more likely than Whites to opt out of receiving traditional medical services, and were more likely to activate complementary and alternative medicine (CAM) to remediate their presenting concerns. Complementary and alternative care are practices that do not fall into the realm of conventional services seen in traditional medical settings and in some cases are not empirically supported by the medical research literature. The National Center for Complementary and Alternative Medicine defines CAM as “a group of diverse medical and health care systems, practices and

products that are not presently considered to be part of conventional medicine.

Complementary medicine is used together with conventional medicine, in contrast to alternative medicine which is used in place of conventional medicine” (*The National Center for Complementary and Integrative Health-What is CAM?* Retrieved March 2, 2015, from [http://nccam.nih.gov/health/whaticam/ Website](http://nccam.nih.gov/health/whaticam/Website))." The findings of Shippee et al. (2012) “underscore the tenet that health care choices, while influenced by health status and availability of healthcare resources, are also shaped by perceived barriers” (pp. 1). This finding suggests that Black persons who experience racial discrimination may be less likely to access traditional/conventional health care services in an effort to avoid further discrimination and to cope with and avoid those institutional barriers placed upon them because of their race.

Of particular focus for the current study were the disclosure patterns of Black persons following sexual violence. Sexual violence, like other health concerns, is physically, psychologically, and spiritually violating. The effects of sexual trauma, like other forms of trauma, can be long lasting and devastating if left untreated. However, what makes sexual violence unique in comparison to other forms of trauma is that unlike most forms of trauma, sexual assault doesn’t always lead to physical evidence indicating that trauma has taken place. Social and racial myths surrounding sexual trauma lead many to feel as though one must justify and/or prove sexual violence has occurred with supporting evidence to justify their claim. Research and reporting statistics have shown that survivors of sexual assault usually disclose their assault to at least one person. However, “the consequences of speaking out are not always positive. Numerous studies have documented negative social reactions from significant others and community systems” (Ahrens, 2006, p. 263). The present study explored whether

the unique presentation of sexual trauma and the prior experience of racism complicates disclosure patterns in Black persons. Additionally, this study explored whether racial identity plays a role in participants' disclosure behaviors.

Rape on college campuses has been well documented and continues to have a strong presence in the sexual violence literature. Much of the literature has focused on the college students' attitude toward sexual violence and this impacts their beliefs and perception of sexually violent behavior. Little attention has been given to racial and cultural differences in disclosure choices. Krebs et al. (2011), in research exploring the sexual assault of Black women at Historically Black Colleges and Universities (HBCU) and non-HBCUs, found that around 14% reported having experienced a completed or attempted sexual assault during their undergraduate careers. He compared Black women attending HBCUs and non-HBCUs and found that rates of sexual assault appear to be considerably lower for women at HBCUs, and that this was in part due to cultural drinking patterns differences. Although this research focused on alcohol consumption, it did highlight cultural differences and traditions between HBCUs and Predominantly White Institutions (PWIs). What was noted in the Krebs et al. (2011) study as significant and of particular interest to this research endeavor was the support for exploring the possible impact of environmental-cultural nuances on Black college/university students' experiences concerning sexual assault. In this regard, the present study solicited participants attending HBCU's as well as ethnically diverse institutions and Predominantly White Institutions (PWI) to highlight how these cultural differences may impact the relations among the variables being explored in this research.

Racism, Rape, and the Black Community: Brief Historical Overview of Major Influences

There are several literary works recounting the African slave experience and detailing the complicated and horrific social, legal, and emotional processes endured by these men and women that were sexually victimized. In many cases the recounting of these traumatic experiences has been used to support racist actions, beliefs, and laws intended to marginalize African Americans. Historically, these stories informed and help to create caricatures depicting African American sexuality that in turn justified the racist practices and sexual assault of the Black men and women. The Black caricatures of Brute and Jezebel, which were born from this practice, capture the racist and sexually discriminatory beliefs held by racists. “The portrayal of black women as lascivious by nature is an enduring stereotype. The descriptive words associated with this stereotype are singular in their focus: seductive, alluring, worldly, beguiling, tempting, and lewd. Historically, white women, as a category, were portrayed as models of self-respect, self-control, and modesty - even sexual purity; but Black women were often portrayed as innately promiscuous, even predatory. This depiction of Black women is signified by the name Jezebel” (Pilgrim, 2012). Jezebel’s sexual expression was used to justify any sexual assault she may have endured because it.

Jezebel’s counterpart, Brute, was also sexualized-- portrayed as beastly and sexually threatening, capable of capturing and sexually assaulting innocent White women. “The brute caricature portrays Black men as innately savage, animalistic, destructive, and criminal -- deserving punishment, maybe death. This brute is a fiend, a sociopath, an anti-social menace. Black brutes are depicted as hideous, terrifying predators who target helpless victims, especially white women” (Pilgrim, 2012). In

George Winston's article, *The relation of whites to the Negroes* (1901), he wrote the following to illustrate the nature of Black male sexuality:

"When a knock is heard at the door [a White woman] shudders with nameless horror. The black brute is lurking in the dark, a monstrous beast, crazed with lust. His ferocity is almost demoniacal. A mad bull or tiger could scarcely be more brutal. A whole community is frenzied with horror, with the blind and furious rage for vengeance."(pp. 108-109)

In contrast to their White counterparts, sexual interaction between Jezebel and Brute was not seen as pure. In most instances, sexual intercourse for the Jezebel stereotype and Brute caricature was depicted as having evil intentions and not human. Because of the animalistic depiction of these two caricatures, sex between the two, whether the sex was assaultive or consenting, was seen as motive or drive oriented. The influence of these popular caricatures impacted not only the entertainment world, but also the schemas by which some try to explain or categorize Black sexuality. A review of the most current contemporary media and entertainment selections depicting sexuality and courtship demonstrated by Black persons would assert that Brute and Jezebel are not just caricatures of the past. Such a review supports the notion that the popularity of Brute and Jezebel is at the same level now (in contemporary media and entertainment) as it was during the Jim Crow period. This depiction of sex and sexuality among Black persons as reckless, motive driven, dangerous, and absent of tender emotions such as love and care, further complicates the perspective and beliefs held about sexuality among Black people, which in turn may complicate views regarding sexual trauma within this community.

Accounts of sexual assault against African Americans, free from Jezebel and Brute caricature influence, can be explored via slave narratives depicting the personal experiences they endured when systemically victimized. Such narratives like that of Harriet Jacobs' book, *Incidents in the Life of a Slave Girl* (2001), capture the array of issues associated with sexual assault experienced by Black women during slavery. Although not a slave narrative, Toni Morrison's novel, *Beloved* (1987), provides literary illustrations of sexual assault endured by both Black men and women during slavery. These images and others highlight the complex marriage between what it means to be Black in America and to seek help following a traumatic experience. These same stories, both historical and contemporary, linger in the conscious and unconscious memories of many Black people and impact their perception of choice options following a sexual assault.

In an historical overview of sexual violence and African American women, West (2006) found the following: "(1) Throughout much of U.S. history, the rape of Black women was widespread and institutionalized through economic labor systems; (2) Regardless of the perpetrator's race, the legal system often failed to protect Black women from sexual violence; (3) The Jezebel stereotype, which stigmatized Black women as promiscuous, was created to justify their rape; (4) Black women developed a culture of silence and secrecy to cope with their sexual assault; (5) Black women have a long history of resilience and anti-rape activism, which includes a sense of racial loyalty that encourages them to protect Black men from an unjust legal system"(p. 2). To further the findings of West (2006), it can be asserted that the Brute caricature, like that of the Jezebel, was created to demonize the sexuality of Black men and to justify discriminatory and violent practices used against them (e.g., Black men are animals that

need to be tamed). Such a bigoted view supports the racist and false belief that Black men are rapists by nature and Black women are deceptive and use sexual intercourse to manipulate others. Furthermore, these racist and false beliefs dangerously suggest that (a) a Black man could be coercive in his sexual advances towards a Black woman, and (b) although these advances legally constitute as rape, because of the false belief that Black women are deceptive and use sex to manipulate, a Black woman cannot be raped, thus making her unworthy of help. Unfortunately this racist belief, may color the conceptualization held by those that offer helping and advocacy services to Black Americans who may have been victimized. These images and depictions impact and inform the conceptualization of rape in the Black community.

The above historical overview highlights the complicated relationship between racism and rape in the Black community and the culture of silence among Blacks that grew from efforts to cope and buffer ongoing marginalization and discrimination from White Americans and the system of privilege. Further traumatization in this context speaks to, but is not limited to, repeated assaults in response to disclosing the trauma, discrimination, and the unjust and unfair practice that used these traumatic experiences to further understand “Black sexuality” and corrode Black culture.

Rape myths and Racism

It is important to understand the role rape myths play in our understanding of rape and to acknowledge the presence and power of rape myths in our concept of rape and subsequent reporting behaviors.

In the 1970's, sociologists and feminists were the first to explore and expose rape myths. They argued that rape myths perpetuate male sexual violence against women

with the support of complex cultural beliefs (e.g., Schwendinger & Schwendinger, 1974; Brownmiller, 1975). In 1980, Burt published the first literary investigation of rape myth acceptance. In her article, *Cultural myths and supports for Rape*, she defined rape myths as “prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists” (p. 217). She elaborated by stating that rape myths create a hostile environment for rape victims by denying or reducing perceived injury or by blaming the victims for their own victimization (Burt, 1980, p.217).

Lonsway and Fitzgerald (1994) sought to redefine and re-conceptualize the rape myth construct, and their work proposed that, “Rape myths are attitudes and beliefs that are generally false but are widely and persistently held, that serve to deny and justify sexual aggression against women” (p. 133). They acknowledged that although women can rape and men too can be raped, they chose to have their definition reflect what was and is being reported in rape statistics that women survivors outnumber that of men survivors of sexual violence. Although not explored in the present study, rape myths nevertheless are important because they inform the thoughts and actions of survivors following a rape.

In a survey of 449 students who completed a questionnaire aimed at measuring the degree to which they accept/reject statements that reflected stereotyped or false beliefs about rape, rape victims, or rapists (rape myths), Giacopassi and Thomas-Dull, (1986) found that a substantial minority of respondents accept rape myths as valid. Although “minority” in this context is referring to a less than significant number of students that endorsed rape myths, the findings are important as they revealed patterns among ethnic and gender groups.

Wellman (1977), in his book *Portrait of White Racism*, carefully defined racism to help his readers understand that racism is a system designed to provide advantages based upon one's race. Wellman's definition of racism was constructed to show a distinct difference between racism and prejudice, highlighting the power and privilege that accompanies racism. Unlike prejudice that can be held by anyone, racism speaks to one's prejudicial beliefs being put into action (e.g., as the enactment of laws and access to care and resources). Tatum (1999), in her book *Why are all the black kids sitting together in the cafeteria and other conversations about race*, cited and furthered Wellman's definition with the following:

"This definition of racism is useful because it allows us to see that racism, other forms of oppression, is not only a personal ideology based on racial prejudice, but a system involving cultural messages and institutional policies and practices as well as the beliefs and action of individuals. In the context of the United States, this system clearly operates to the advantage of Whites and to the disadvantage of people of color. Another related definition of racism, commonly used by antiracist educators and consultants, is "prejudice plus power". Racial prejudice when combined with social power--access to social, cultural, and economic resources and decision-making--leads to institutionalization of racist policies and practices. While I think this definition also captures the idea that racism is more than individual beliefs and attitudes, I prefer Wellman's definition because the idea of systematic advantage and disadvantage is critical to understanding how racism operates in American society." (pp 7-8)

Both of these definitions agree that racism is a force that is communicated and enforced from a level of power. The distribution of this power is in favor of specific groups in this country, thus causing these groups to inherit unearned systemic privileges. This power impacts the lives of underrepresented racial/ethnic communities (and other underrepresented groups for that matter), and their beliefs about their status in this country, thus affecting their disclosure patterns in response to trauma.

The Problem: Sexual Violence and Ethnic Minorities

The majority of the existing literature regarding sexual violence has focused on reporting trends and psychological sequelae. These investigations have explored myths held about sexual assault in the survivor community and lay public, efforts to decrease these maladaptive falsehoods associated with sexual assault, and efforts aimed at helping agencies to improve the efficacy of interventions currently being used. It appears, however, that there exists another sexual violence literature that has not been sufficiently examined: the effect of racial, social and cultural phenomena that may be exclusive to ethnic minority populations, specifically Black communities. In the psychological literature, these same variables have been shown to be important and powerful and there is sufficient empirical support to suggest that a cultural component exists that affects an individual's definition of sexual assault (Bletzer & Koss, 2006; Bunddie & Miller, 2001; Kalof, 1998; Korn, 2009; Washington, 2001). These findings support the notion that one's cultural, social and racial beliefs and experiences impact one's appraisal of rape. One could further assert that this appraisal impacts how one attributes blame for the assault, and how it shapes one's subsequent help seeking

behavior. Research in this area has yet to fully explore this however. Nevertheless the rape literature consistently reports statistics indicating disparities concerning the demographic breakdown of the ethnicity of survivors who are assaulted and seek services following assault and those that report the offense and the coping resources activated.

Anecdotal evidence gathered from various forms of popular media (e.g., popular fiction, magazines, movies, documentaries, theatrical plays, music, poems, talk shows, etc.), however, suggests something different. The experiences one has that may be related to their race and the beliefs they may hold that are common among their ethnicity play a role in coping choices selected subsequent to the experiencing of sexual violence. In Aishah Shahidah Simmons's (2008), "NO! The Rape Documentary," she chronicled the development of African Americans' experience with rape and sexual assault within the culture. She discussed the struggle many African Americans feel after an assault with regards to whether or not to report the incident, and she explored the racial and social forces that impinge upon the decision to report and what coping resources to activate. Additionally, she explored the impact that racism, cultural identity, and inappropriate and offensive caricatures of Black Americans have had on perceptions and beliefs regarding sexual assault. Although there have been many African American media figures who have confronted and exposed the topic of sexual assault (e.g., Oprah Winfrey; Toni Morrison; Tyler; Melissa Harris-Perry), sexual violence and the subsequent coping behaviors of Blacks generally remain absent in the scholarly literature, although the existing literature does support further research in this area.

In a study examining the disclosure patterns of Black female sexual assault survivors, Washington (2001) found that out of 12 survivors, five disclosed to family or a close friend within 24 hours of the sexual assault occurring, with one out of five seeking professional help and one seeking help from a college infirmary four to five days after the assault. The remaining seven either never disclosed the sexual assault or waited anywhere from 3 to 25 years to disclose the assault (Washington, 2001). Washington supported her finding with a review of the historical context that may be influencing the reporting patterns in this population. She suggested that although Black women's experiences of sexual assault intersect with those of the dominant culture in many ways, the historical and contemporary implications faced by Black persons in the United States leads to a fundamental difference in the nature and quality of resources available to this population, their willingness to access such resources, and the response they receive when they do seek help.

Kalof (1998) found in a sample of 383 undergraduate women that 32.9% had experienced some type of sexual assault during college, and 52% had experienced unwanted sexual activity before age 18. Black women in this sample had the highest rate of forced intercourse, while Asian women had the lowest. Hispanic women had the highest rate of attempted rape and Black women had the lowest. Additionally, Black and White women were three times more likely than Hispanics to have had incidents that legally constituted as rape, but did not consider themselves to have been raped. Further analysis revealed an interaction between ethnicity, early childhood sexual experiences, and alcohol consumption.

Purpose of the Study

An examination of the impact of racial and social variables on attitudes and reactions to rape in the Black community is important for several reasons. Rape is one of the most frequent yet underreported crimes (Ahrens, C., Campbell, & R., Ternier-Thames, N., Sefl, T., & Waco, S., 2007; Grubb & Harrower, 2009; Resick & Jackson, 1981; RAINN.org, 2009). For every one African American woman that reports her rape, there are 15 African American women that do not (U.S. Department of Justice, Bureau of Justice Statistics Special Report, Hart & Rennison, 2003.). And as highlighted by Shippee (2012), the literature suggests that help seeking behavior is impacted by one's prior experiences with racial discrimination. There exists much literature that suggests certain cultural and social variables like experience with racism and one's level of racial identity, may impact one's subsequent behavior especially when confronted with the options that appear discriminatory or pose the threat of possible discrimination.

Important to this research endeavor then was understanding reactions to rape in the Black community and what moderates these reactions with the hope of improving the cultural competency in helping agencies that conduct outreach to Black communities. Examining the effects of race in this regard may increase the visibility of services to historically disenfranchised ethnic groups (e.g., African Americans) who perceive rape advocacy and coping services as inadequate, because they do not account for the systemic injustices they may experience, or because they are simply not available to them.

Research Hypothesis

In light of the above, the purpose of the present study was to investigate the relationship between experiences with racism (ER) and post-rape disclosure (PRD) choices among Black college students and to see whether this relationship was moderated by racial centrality (RC).

In the context of this study, post-rape disclosure choices referred to those persons and/or resources survivors activate in response to sexual trauma. These services help them cope with sexual trauma and require them to disclose the assault to another party. Specifically, it referred to what one does after she has been victimized; who she will tell, how she will cope and take care of herself. The types of disclosure choices activated following a rape (or in this case, a rape scenario) were evaluated.

CHAPTER II: REVIEW OF LITERATURE

This chapter examines the literature exploring variables related to this research. Specifically reviewed are studies relating to (a) the impact of racism, discrimination, stigma, and impact moderators, (b) racial identity/centrality, racism and mental health outcomes, (c) Blacks and disclosure patterns, and (d) help seeking behavior and self-concealment among Black college students.

Impact of Racism, Discrimination, Stigma, and Impact Moderators

Landrine and Klonoff (1996), exploring the impact of racism, found that “Racism and racist events are negative life events that happen to individuals who are affiliated with a specific group because of their affiliation with and physical likeness to that group” (Sherry, A., Wood, K., Jackson, E.B., & Kaslow, N., 2006, p. 1368). These events, like other negative events, can impact areas of one’s well-being. The experience of racism informs discrimination both experienced and perceived. “Racism often leads to the development of negative attitudes and beliefs toward racial out-groups (prejudice) and differential treatment of members of these groups by both individuals and social institutions (discrimination)” (Williams & Mohammed, 2008, p. 21). Discussion of discrimination in the literature has most been divided into two main categories (although the two often overlap): *interpersonal discrimination*, which concerns acts of discrimination happening between individuals, and *institutional discrimination*, which refers to discriminatory policies and practices that are upheld and embedded in organizational structures (Karlsen & Nazroo, 2002). Both forms of discrimination have been studied and found to impact both mental and physical health, as well as one’s likelihood of accessing conventional helping sources such as a medical doctor or a

mental health practitioner. In their 2003 review of the available empirical evidence from population studies, Williams et al. (2003) found discrimination to be associated with “multiple indicators of poorer physical, and especially, mental health status” (p. 200). Discrimination that is perceived, experienced, and/or observed, may ultimately lead certain persons or groups to forego access to conventional helping resources in an effort of preventing further discrimination Smart-Richman, L., Khon-Wood, L.P., and Williams, D.R., (2007) explored the roles of discrimination and racial identity for mental health service utilization and discovered that for Black Americans, variables such as past discrimination and identity variables were more important than structural variable such as education and income when it came to explaining their mental health utilization. The authors argued that these findings highlight the importance of looking beyond structural variables such as education and income in order to explain this disparity in mental health care utilization and focus attention on individual and socio-cultural variables such as racial identity and experiences with discrimination. “Stigma is one of several reasons why people make such choices (i.e., access mental health resources and/or adhere to mental health treatment recommendations)” (Corrigan, 2004, p. 614) in addition to experiences with discrimination. The intersections of stigma and ethnicity and race also have been associated with one’s willingness to access mental health resources. “...there is some evidence that non-Caucasians are less likely to think that the medical system is a useful source of mental health treatment, perhaps reflecting basic prejudices in the health care system” (Corrigan, 2004, pp.618-619). A qualitative study conducted in Chicago by Matthews et al. (2003) found that for African Americans, the church was a better venue to address mental health concerns than the conventional mental health care system.

There are many historical and contemporary accounts of Blacks experiencing racism. “Racist behavior directed toward African Americans has been documented by measuring behavior objectively...as well as through more subjective accounts” (Sherry et al., 2006, p.1368). Objective racist behaviors include such acts as cross burning and various hate crimes. Sherry et al., (2006) noted several authors that have contributed to the growing body of literature exploring these objective measures of racist behaviors toward African Americans (Ayres & Siegelman, 1995; Kirkshenman & Neckerman, 1991; Schuman, Singer, Donovan, and Sellitz, 1983; & Yinger, 1995). Additionally, Sherry et al., (2006) listed several authors that have contributed to research exploring subjective accounts of racism. The list included Feagin (1991), Mays, Coleman, and Jackson (1996), Phillip (1998), Sigelman and Welch, (1991), Thompson (1996), and Williams, Yu, Jackson, and Jackson (1997). What can be gleaned from this literature and similar studies is that race-related stress and higher levels of psychological distress are related. Furthermore racism experienced by Blacks often results in psychological and health-related consequences (Sherry et al., 2006; Clark, Anderson, Clark, & Williams, 1999).

In a study exploring experiences with racist events and health outcomes in a sample of African American women, Kwate, Valdimarsdottir, Guevarra and Bovbjerg, (2003) found that racism could be detrimental to African Americans’ well-being. In this study, the authors explored specific unhealthy behaviors such as smoking, overindulgence in alcohol, and overall poor health. They found that there was a significant relationship between cigarette smoking and drinking and experiences of racism within the past year. Additionally, lifetime experiences with racism was positively related to a lifetime history of physical disease, frequency of common colds, and negatively related to perceived health.

Hausamann, Jevon, Bost, and Ibrahim (2008) echoed these findings in their exploration of perceived discrimination in the health care and health care status of a racially diverse sample. Results from this study indicated that perceived racial discrimination in health care was much more prevalent for African Americans than for Whites and Hispanics, and that discrimination was associated with poor health in African Americans.

In a similar study exploring perceived racist discrimination, coping, stress, and life satisfaction, Barnes and Lightsey (2005) found that avoidance coping and problem solving coping inversely predicted stress, and stress and avoidance inversely predicted life satisfaction among the 114 African American college students included in their study. The authors also found that general coping did not moderate a relationship between racial discrimination stress and life satisfaction among 114 African American college students. Given these results, the authors posited that fostering problem solving and reducing avoidance may help alleviate racism-related stress and foster well-being.

Studies such as these encourage the field to explore protective factors that may buffer or moderate the adverse impact discriminatory events have on the well-being of Blacks in this country. In this regard, the current study explored how racial centrality/identity may act as a moderator that could lessen avoidance when help seeking from system resources such as hospitals and community agencies.

In their study exploring the moderating impact of racial socialization on a relationship between discrimination and resilience in 290 African American college students, Brown and Tyka (2011) found that racial socialization messages and specific messages concerning an appreciation of cultural legacy (a phenomenon similar to racial centrality) moderated the relationship between discrimination and resilience, in that

racial discrimination was negatively related to resilience for students who reported fewer racial socialization messages and racial discrimination was no longer negatively associated with resilience for students receiving a greater number of these messages.

Several other authors have found the intersection of racial identity and racism to be an important and logical comparison, and that racial centrality/identity is positively associated with the amount of experienced racism one reports (Jefferson & Caldwell, 2002; Sellers & Shelton, 2003 Sherry et al., 2006). “It makes sense that one’s experience of racism would correlate with one’s racial identity since both are based on shared social constructions between groups” (Sherry et al, 2006, p. 1367). Like racial identity, racial centrality has been found to be associated with experiences with racism.

Racial Identity/centrality, racism, and mental health outcomes

The idea that racial identity is of importance to one’s self-esteem and well-being (as well as other important variables, i.e., achievement, self-efficacy, etc.) can be found in early works of William E. Cross. Cross’ (1971) Nigresence theory is considered one of the seminal Black racial identity theories (Vandiver et al., 2002). Cross’ theory and scale development have impacted and informed the development of many cultural and racial identity scales. It has been used as the model for how to shape and what to achieve when creating a cultural, racial, or social scale. Cross’ (1971) work has inspired and led the way for many scales and theories focused on investigating and validating the importance of ethnic/racial identity development. Such studies have shown that one’s racial identity development may correlate with or act as a predictor of certain behaviors, cognitions, and well-being variables (physical, mental, and social health).

One such theory that has been greatly informed by Cross's (1971) Nigresence model is the Multidimensional Model of Racial Identity (MMRI) (Sellers, Rowley, Chavous, Shelton, & Smith, 1998). What makes the MMRI unique among the many Black identity scales, is that it is an "amalgamation of a number of existing theories on group identity that is sensitive to historical and cultural experiences that make racial identity a unique form of group identity for African Americans" (Sellers et al, 1998, p. 23). The MMRI explores the importance of race to a person's perception of self and what membership in one's race means to a person. What resulted from this work was the development of the Multidimensional Inventory of Black Identity (MIBI). "Sellers and Shelton (2003) used the Multidimensional Inventory of Black Identity (MIBI)...and found that Blacks' perceptions and judgment of race were influenced by how they experienced racial discrimination and that facets of racial identity served as both a risk factor for perceived discrimination and a protective factor against the effect of this discrimination on the psychological distress" (Franklin-Jackson & Carter, 2007, p. 8).

In another study examining racial discrimination, racial identity, and psychological functioning, Sellers, Linder, Martin, and Lewis (2006) found in their sample of 314 African American adolescents, that racial discrimination was associated with lower levels of psychological functioning as measured by perceived stress, depressive symptomatology, and psychological well-being. "Although individuals who believe that other groups hold more negative attitudes toward African Americans (low public regard) were at greater risk for experiencing racial discrimination, low public regard beliefs also buffered the impact of racial discrimination on psychological functioning"

(p. 187). The study also found those scores that were indicative of more positive attitudes held about being African American were also associated with more positive psychological functioning. “The results further illustrate the utility of a multidimensional framework for understanding the role of racial identity in the relationship between racial discrimination and psychological outcomes among African American adolescents” (p. 188).

Other studies exploring the relationship between mental health and racial identity have found similar results. Watts and Carter (1991), in their investigation of racial identity, racial discrimination, and institutional racism, found that Black people’s perception of discrimination varied as a function of their racial identity. This suggests that how one experiences racism and discrimination is filtered through one’s racial identity. Hall and Carter (2006) elaborated by stating that the way in which Black persons identify with their race may influence their perception of cultural or race-related events. In this regard, Black racial identity can act as a lens that serves as a filter for race-based information (Helms 2001; & Thompson & Carter 1997). This suggests that one’s race-based experiences inform and impact how the person conceptualizes events, especially those that are reminiscent of discrimination.

In a study that used the MIBI to examine racial identity, racial discrimination, perception of stress, and psychological distress in Black young adults, Sellers, Caldwell, Schmeelk-Cone and Zimmerman (2003) found that 38% of their sample of 555 college participants reported at least one racial incident in the past year and that the more race was central to one’s identity, the less psychological distress was associated with the discriminatory event.

Franklin-Jackson and Carter (2007) reviewed Pillay's (2005) work which explored racial identity as a predictor of psychological health in African Americans attending a Predominantly white university. They noted that Pillay's (2005) study "found Black racial identity status attitudes to be predictive of psychological health (e.g., depression, anxiety, positive affect, and behavioral control) over and above gender and acculturation in Black college students" (p.8).

In sum, the relevant available research supports the notion that cultural phenomena such as one's racial centrality/identity and the discrimination and racism one experiences may influence the decision to report or seek supportive services following sexual violence. This is evidenced by the disparities observed in the post-sexual violence reporting trends among ethnic groups, especially the reporting trends by Black Americans. This research and the current literature are not suggesting that not accessing resources following sexual violence is a cultural practice held by Blacks. However, one may infer, given the literature, that when Black persons are not accessing "conventional" resources (e.g., reporting to police, seeking and receiving psychotherapy), they are activating other coping resources to deal with sexual trauma.

Blacks and disclosure patterns

Racism and discrimination, perceived and experienced, play a role in access to care for many Black Americans. Racism, in its many forms, continues to color the relationship Blacks have with their White counterparts which in turn may impact services sought or rendered, given that Whites by majority hold leadership and professional positions, thus making them gatekeepers in the many of these rape advocacy and coping service agencies. This forces many African American survivors to

have to decide whether or not to seek help from helping agencies for their sexual trauma.

Disclosure processes may vary depending on the environment and parties involved. In some cases, the formal reporting process may involve one or more police officers, a victim advocate, a family member or friend, one or two sexual assault exam certified nurses, and a sexual assault exam certification nursing intern. The decision of whether there is to be one or many individuals in the room at the time of the exam is generally up to the survivor. However, given the varying laws in each state and the rules/policies governing different hospitals, survivors may have to be flexible about whom they allow in the room during their interview and exam. Despite the variability in reporting processes and procedures, there continues to be a trend toward not disclosing a sexual assault or abuse incident. In this regard, it has been suggested that 60% of sexual assault cases go unreported (RAINN, 2009). In a study of 102 rape survivors, 75% reported their first post-rape disclosure was to an informal support provider and that over one-third of the disclosures were initiated by the survivor (Ahrens et al., 2007). This is important to Black survivors given the complicated laws and protocol that are associated with reporting an assault and seeking services, and also because of the complicated historical and contemporary relationship Black persons have with the helping agencies in the U.S.

“The historical and contemporary realities of Black life in the United States lead to fundamental differences in the nature and quality of resources available to African American survivors, their willingness to access those services, and the treatment they receive when they do seek assistance” (West, 2006, p.4). Because of this, it is important to understand the reasons for selecting some disclosure choices over others among the

Black community. As noted by Bryant-Davis, Ullman, Tsong, and Gobin (2011), “Given African American women’s increased risk for sexual assault and decreased likelihood of initiating or continuing with traditional psychotherapy, it is imperative that researchers and clinicians explore the recovery strategies that are attractive to and effective for this population” (p. 1161).

Emerging research in the area of protective and resiliency factors in this population has revealed a number of cultural factors that may contribute to one’s ability to cope in a healthy manner and to combat adverse life experiences associated with sexual trauma. In a study exploring coping in African American women recovering from sexual assault, Bryant-Davis, Ullman, Tsong, and Gobin (2011) found religiosity and spirituality and social support to be significant in African American coping . Their study found that African American women having access to these coping resources reported less depression and fewer PTSD symptoms. “ [The] sociocultural significance of social networks for African American women can be easily understood within the framework of collectivistic cultural principles that are articulated by the Afrocentric notion of identity being rooted, shaped, and reflected by connection to others” (Bryant-Davis, et al., 2011 p. 1612;). Cultural connections and family are core African American values, and religious traditions and values are core to African American culture (Adebimpe, 2004). Additionally, group identification is associated with one’s well-being (Branscombe, Schmitt, & Harvey, 1999). These findings, coupled with experiences with racism, provide information about personal coping and can provide a perspective on the cultural phenomenon that those in Black communities do not seek help from “conventional” services but more often seek help from each other and their places of worship/spiritual communities. This also clarifies the cultural phenomenon found in

the disclosure patterns of African American survivors, namely that they will more often disclose their trauma with close family, friends, and or religious officials before seeking help from a conventional service.

The Black American narrative is colored with a myriad of historical and current factors contributing to an overall complicated relationship with the legal system and government. “Historically, and even in contemporary times, African American women (and men) have had negative experiences with law enforcement personnel” (West, 2006, pp. 6). Memories of traumatizing interactions with law enforcement color and complicate interactions with African Americans. This intermingled with the complexity of reporting a sexual assault to law enforcement makes for a unique experience found in the Black sexual assault survivor population.

A common experience shared by survivors of sexual assault is re-victimization. Re-victimization after a sexual assault refers being further or again victimized by a helping professional prior to, during, or after sharing the sexually assaultive experience. Campbell and Raja (2005) explored re-victimization in a sample of predominantly low-income, African American female veterans and found a significant number of military and civilian legal personnel discouraged filling a legal report, frequently refused to take a legal report, told the survivors that their assault was not serious enough to pursue, questioned the survivors about how they were dressed at the time of the assault, and asked victims about their prior sexual history.

Research has shown that few reported rapes are prosecuted by the legal system (Patterson, 2008). Sexual violence is a unique crime in that it does not always leave physical evidence that an assault has occurred. The uniqueness of this type of trauma often lends itself to being dismissed or not taken seriously in legal proceedings. In

general our legal system responds more favorably to clear cut evidence that can be exhibited and observed in court proceedings. Witness testimonies have been found to be impactful in some court proceedings, especially when there are many, as opposed to few, witnesses who testify. However, in most instances of rape, the only witnesses present during the assault are the survivor and the offender.

African Americans' history reflects a troubled relationship with the legal system too, often reflecting unfair judgments and verdicts being made based upon someone's racist beliefs. In a study exploring ethnic minority sexual assault survivors and legal proceedings, Monte, Miller, and Myhr (2003) found that none of the cases in their sample where an ethnic minority was sexually assaulted was prosecuted, and the detectives were harsh in their handling and questioning of them. Such experiences impact the perception in Black communities regarding what help is available to them and the type of treatment they will be given. Although focused on the survivor population, these experiences are stored with the non-survivor of sexual assault African American population as well. These experiences inform how they conceptualize sexual assault events and how they might respond or suggest others respond to such a trauma.

Help-Seeking and Self-Concealment in Black College Students

Several authors in the field have noted that ethnic minority groups in the United States seem to be no less distressed than their White counterparts (Masuda et al., 2009; Draguns & Tanaka-Matsumi, 2003; Okazaki, 1997; Sue & Chu, 2003; Zhang & Snowden, 1999). However, it has also been noted by several authors that ethnic minorities in the United States, in comparison to their White counterparts, are less likely to seek professional psychological services (Masuda et al., 2009; Narrow et al, 2000; Sue,

Fujino, Hu, Takeuchi, & Zane, 1991; Wang et al., 2005b) as well as other resources such as law enforcement (West, 2006) and traditional medical centers (Shippee et al., 2012) and that this is due to being racially discriminated against. Other authors have noted the special interest in the underuse of psychological services among African American college students and the need for more research in this area (Masuda, Anderson, & Edmonds, 2012; Barksdale & Molock, 2009; Wallace & Constantine, 2005).

Help-seeking in the psychological literature refers to those behaviors in which one accessing external sources of support in order to treat emotional discomfort. In contrast, self-concealment is defined “as a predisposition to actively conceal from others personal information that one perceives as distressing or negative” (Larson & Chastain, 1990, p.440) in order to maintain privacy and prevent being further distressed. Help-seeking and disclosure behaviors thus refer to external sources of coping (whether maladaptive or healthy), while self-concealment refers to an internal process one may use to prevent further emotional distress and/or exacerbation of existing internal discomfort. “Clinical practice and research, as well as casual conversation, indicate that some individuals tend to self-conceal more than others do and that the most painful or traumatic experiences are often concealed” (Larson & Chastain, 1990, p.439). Given the nature of the trauma, sexual assault/abuse is one of the experiences that many choose to conceal—particularly in light of the re-victimization that can accompany its disclosure.

In a study that explored the relationship between self-concealment, attitudes toward seeking psychological help, and intentions to seek counseling, Kelly and Achter (1995) found that “even though self-concealment was associated with less favorable attitudes toward seeking help, it was also associated with greater intentions to seek

counseling” (p. 40). Later Cepeda-Benito and Short (1998) explored the perceived likelihood of seeking professional psychological help, attitudes towards and concerning psychotherapy, social support, self-concealment, and psychological distress. Among the 732 undergraduate students that completed the study, the researchers found that self-concealment was positively associated with self-reported distress and avoidance of needed psychological treatment; low social support was associated with greater perceived likelihood of seeking help, however this effect was canceled at high levels of self-concealment. “Overall, the data contradicted previous findings and conclusions that suggested high self-concealers were more inclined than low self-concealers to seek psychological services” (Cepeda-Benito & Short, 1998, p. 58). Although dated, this study found that specific types of distress predicted perceived likelihood of seeking psychological help (e.g., performance difficulties were predictive of seeking help for academic distress, and somatic symptoms were not predictive of seeking psychological help). Cultural nuances (e.g., the culture of silence that grew from efforts to protect oneself from discrimination) have been investigated in relation to the impact these nuances may have on self-concealment and help-seeking.

Several research studies have noted that African American college students tend to have unfavorable attitudes toward seeking professional psychological help. In 2005, Wallace and Constantine investigated the relationship between Afrocentric cultural values, psychological help seeking attitudes, and self-concealment in African American college students attending a Predominantly White university in the northeast. In this study, Afrocentric values referred to a worldview emphasizing unity, communalism, authenticity, harmony, and spirituality (Wallace & Constantine, 2005). The authors

found that “for both men and women, higher degrees of Afrocentric cultural values were associated with greater perceived stigma about counseling and great self-concealment” (Wallace & Constantine, 2005, p.369). Additionally, they found that favorable psychological help-seeking attitudes and counseling stigma did not mediate the relationship between Afrocentric cultural values and self-concealment.

Similar studies, such as that conducted by Masuda et al. (2009), have found among their samples of African American, Asian American, and European American college students, that African and Asian Americans sought help in few numbers and had less favorable attitudes toward seeking help when compared to their White counterparts. Masuda et al. (2012) found similar results when exploring whether health stigma and self-concealment were associated with attitudes toward seeking professional psychological services in Black college students. In this study, the result showed that when controlling for gender, age, and previous experience with seeking psychological health services, both health stigma and self-concealment were associated with attitudes towards seeking professional psychological services among Black college students.

In general then, numerous studies have found support for the notion that for students of color, specifically African American students, cultural coping and values reflective of traditions and beliefs found in one’s ethnicity appear to shape one’s attitudes toward accessing the larger system services for psychological help.

Summary

Counseling psychologists and other helping professions have recognized the need for culturally appropriate interventions that reflect a sensitivity to the history and ongoing experiences of racism inflicted upon persons from the Black community. Post-rape disclosure choices in the Black community are impacted by this history of racism as well. A culture of silence was born of these tragedies (racism and rape) in effort to protect oneself from further discrimination, thus creating a problem concerning Black persons that may be raped.

The small body of literature reflecting how experiences with racism impact coping, help-seeking, and post-rape disclosure choices in the Black community was presented. Relevant cultural history concerning rape in the Black community was profiled as context for the contemporary concerns observed in this community currently. The potential moderating effects of racial centrality on coping, help-seeking, and post-rape disclosure choices were reviewed as well. Tying together these various literatures, the present study examined the relationship between experiences with racism and post-rape disclosure choices among Black college students, and how racial centrality acted as a moderating variable in this relationship.

CHAPTER III: METHODOLOGY

Participants

The target population for this study was Black students currently enrolled in an undergraduate, graduate, or professional degree program (i.e., medical school and/or law school). Table 1 summarizes the demographics of the sample participants.

Of the 387 participants, 182 (47.0%) were men, 203 (52.5%) were women and 2 (0.5%) self-identified as transgendered. Undergraduate students made up the majority of this sample (n=271; 70.0%). Ninety-nine (25.6%) were graduate students; 14 (3.6%) were professional students; and 3 (0.8%) did not indicate their education status.

Three hundred thirty-six participants (86.8%) identified as African American; 17 (4.4%) as African; 2 (0.5%) as Afro-Caribbean/West Indian; 8 (2.1%) as Afro-Cuban/Afro-Latin; 16 (4.1%) as Multiracial (with Black being one component of the racial/ethnic make-up); 2 (0.5%) as Afro-European; and 6 (1.6%) as “Other.” Those participants that selected “Multiracial” and “other” had been prompted to enter a text response to best describe how they identify ethnically/racially. Of the 16 participants that chose the multiracial option only 8 (50%) responded. Of those 6 participants that selected the ‘Other’ option, 6 (100%) responded. Those responses are presented in Table 1a. Three hundred fifty-nine (92.8%) of the participants indicated that they had been born in the USA.

The largest religious identification reported was Christian (n=307; 79.3%). Twenty-nine (7.5%) participants identified as Agnostic, 7 (1.8%) Atheist, 3 (0.8%) as Buddhist, 1 (0.3%) as Hindu, 6 (1.6%) as Islamic, 1 (0.3%) as Jewish, and 33 (8.5%) as Non-Religious.

Regarding the higher education institutions that the participants were attending, 118 (30.5%) indicated that they were attending a university/college where the racial/ethnic make-up was Predominantly Black; 72 (18.6%) indicated attending a university/college where the racial make-up was Predominantly White; and 197 (50.9%) indicated attending a university/college that was racially/ethnically diverse. Communities of origin (where participants lived prior to coming college) were as follows: 66 (17.1%) identified their communities as being rural, 157 (40.6%) as suburban, 160 (41.3%) as urban, and 4 (1.0%) as “other.” Participants reported the socioeconomic (SES) status of their family of origin as follows: 41 (10.6%) described their SES as lower/meeting poverty thresholds, 139 (33.9%) as working class, 173 (44.7%) as middle class, 40 (16.3%) as upper class, and 2 (0.5%) as wealthy.

Table 2 summarizes the participants’ survivor status and relationships with survivors. Seventy-six (19.6%) of the participants identified as survivors, 387 (80.4%) indicated not being a survivor of sexual assault/rape. Seventy-five (19.4%) indicated that they had had an encounter that they felt to be sexually coercive in nature, but weren’t sure it was rape; and 312 (80.6%) reported that they had not had such an encounter. When asked if they had a close acquaintance to a survivor, 196 (50.6%) reported “yes,” while 191 (49.4%) reported “no.” One hundred twenty-seven (32.8%) participants reported they had an acquaintance that had had an encounter that felt sexually coercive, but who was not sure if it was rape, and 260 (67.2%) of the participants did not.

Table 1
Demographic Information of Participants

	N	%
Gender		
Man	182	47.0
Woman	203	52.5
Transgendered	2	0.5
Sex		
Male	183	47.3
Female	202	52.2
Intersex	2	0.5
Sexual Orientation		
Heterosexual	349	90.2
Gay	7	1.8
Lesbian	11	2.8
Bi-sexual	6	1.6
Questioning	14	3.6
Age		
M=27.96		
18-25	218	56.3
26-44	134	34.7
45-54	24	6.2
55 and older	11	2.8
Ethnicity/Race		
African American	336	86.8
African	17	4.4
Afro-Caribbean/West Indian	2	0.5
	8	2.1
	16	4.1

Afro-Cuban/Afro-Latin	2	0.5
Multiracial	6	1.6
Afro-European		
Other		
Nationality		
U.S.A Born	359	92.8
International	28	7.2
Religious Identification		
Agnostic	29	7.5
Atheism	7	1.8
Buddhist	3	0.8
Christianity	307	79.3
Hinduism	1	0.3
Islamic	6	1.6
Judaism (Jewish)	1	0.3
Non-religious	33	8.5
Other	0	0.0
Education Status		
Undergraduate	271	70.0
Graduate	99	25.6
Professional	14	3.6
Education not recorded	3	0.8
Institution ethnic/racial composition		
Predominantly Black	118	30.5
Predominantly White	72	18.6

Racially/Ethnically Diverse	197	50.9
Community of origin		
Rural	66	17.1
Suburban	157	40.6
Urban	160	41.3
Other	4	1.0
Socioeconomic Status-SES (family of origin)		
Lower/Poverty Thresholds	41	10.6
Working Class	131	33.9
Middle Class	173	44.7
Upper Class	40	10.3
Wealthy	2	0.5

Table 1a
Additional Ethnic/Racial Information

Options	N	Responses
Multiracial	8	<ul style="list-style-type: none"> • “White, Native, Latino, Black” • “Jamaican and Indian” • Hispanic • “Black/White” • “West Indian and White” • “Caucasian and Native American Indian” • “Bi-racial (Black/White)” • African-American, Caucasian, American-Indian, and Irish”
Other	6	<ul style="list-style-type: none"> • “Mixed” • “Caribbean” • “Caribbean” • “Ethiopian-American” • “Black-American” • “Human”

Table 2
Survivor Status and relationship with Survivors of Sexual Assault/Rape

	N	%
Are you a survivor?		
Yes	76	19.6
No	311	80.4
Have you ever had an encounter that you weren't sure was rape?		
Yes	75	19.4
No	312	80.6
Are you a close acquaintance to a survivor?		
Yes	196	50.6
No	191	49.4
Has someone you known had an encounter they weren't sure was rape?		
Yes	127	32.8
No	260	67.2

Procedures

Approval to begin this study was sought and received from the University of Kansas (KU) Institutional Review Board (IRB) Human Subjects Committee-Lawrence (HSCL). Upon receiving IRB approval from KU, efforts to coordinate with a psychology department of a Historically Black College/University (HBCU) were made to collect data from their student population. IRB approval from this institution (the HBUC) was sought and received as well. Participants from this institution's population were offered research/extra credit for the completion of this study. Participants received an electronic version of the informed consent with a hyperlink inviting them to participate in an online survey that sought to better understand the way individuals think about rape and culture. A copy of this invitation can be found in Appendix A. Participants were also informed of the potential benefits and risks of their participation and the purpose of the study. In the Informed Consent/Invitation to participate, participants were informed that their name would not be known by the researcher and so could not be associated in any way with the research findings and that they could exit the survey at any time without penalty should they no longer want to participate. Those who agreed to participate (by clicking on the study's hyperlink) were then routed to a page where they were asked the selection criteria information.

Participants had to meet the following criteria: (a) be at least 18 years of age, self-identify as Black (African; African American; Afro-Caribbean/West Indian; Afro-Latin/Afro-Latin American; Multiracial (Black being a component of your racial identity), and (b) currently be enrolled as an undergraduate, graduate, or professional student. For those who met criteria and indicated so by clicking 'Yes', were then routed

to an online secure and confidential survey that was made using Qualtrics Online Survey Software. The survey contained the following instruments that were presented to participants: Multidimensional Inventory of Black Identity (Sellers, et al, 1997), Schedule of Racist Events (Landrine & Klonoff, 1996), Rape vignette (stimulus material) with follow-up question, and a demographic questionnaire. Those participants who did not meet study criteria and indicated so by clicking 'No', were routed to an exit page where they were thanked for their consideration and given contact information for the primary investigators should they have any questions or concerns regarding the study.

For those participants opting to receive research/extra credit, a list of names was generated to provide to the instructor of the course. For these participants, upon completion of the study, they were routed to separate and secure database not associated with the study, in which they were asked to list identifying information needed for their instructor in order to receive extra-credit (e.g. name, course title, email, and instructor's name). Their entries (identifying information) was randomized in their placement among other participants information in order to keep from being able to match when one may have completed the survey with the time they entered in their identifying information. Protective measures were taken to keep information containing participants identifying information secure and separate from participant responses. Responses to the survey were kept in the secure Qualtrics database. For analysis purposes, responses to the survey and identifying information for those participants receiving research/extra credit were stored on an encrypted flash drive.

Data collection at the HBCU site was low (n=67). Additional efforts were made to collaborate with Qualtrics Online Survey Software-Panel Support team to collect additional data needed to run the study (n=320). Amendments to the original

University of Kansas Institution Review Board Human Subjects Committee Lawrence (KU-IRB HSC-L) applications were submitted reflecting a change in participants that were going to be solicited; these were approved by the KU IRB-HSCL.

Participants from the Qualtrics Panel that met study selection criteria were paid \$4.50 for their completion of the study (containing the same instruments as the HBCU sample).

Measures

Demographic questionnaire. A questionnaire was used to collect demographics to describe the sample. The questionnaire collected the following data: age, racial/ethnic identification, gender, sex, sexual orientation, education status, level of involvement in cultural organizations (e.g., Black student Union, National-Pan Hellenic Greek organizations), family of origin's socioeconomic status, ethnic makeup of their school and community of origin, and spiritual affiliation. The participants' information regarding direct or indirect experience with sexual assault was collected as well.

Multidimensional Inventory of Black Identity (MIBI; Sellers, et al., 1997). The Multidimensional Inventory of Black Identity (MIBI) is based on Sellers et al., reconceptualization of racial identity (Sellers et al., 1997). Sellers et al., used the black identity conceptualization of Cross (1971) and other psychologists exploring identity to inform their model. What resulted from this reconceptualization of racial identity was the Multidimensional Model of Racial Identity (MMRI), which serves as the foundation for the MIBI. The MMRI consist of 4 dimensions of racial identity: salience, centrality, ideology and regard. The MIBI measures centrality, ideology, and regard.

The MIBI consists of 56 items which make up seven subscales: *Centrality* (8 items), *Private Regard* (6 items), *Public Regard* (6 items), *Assimilation* (9 items), *Humanist* (9 items), *Minority* (9 items), and *Nationalist* (9 items). Each item is scored on a 1 to 7 scale with 1 meaning “strongly disagree” and 7 meaning “strongly agree.” Subscale scores are generated by summing the participants’ responses across the items for that subscale. Higher scores indicate a high level of identification with what each subscale assesses. The MIBI’s seven subscale scores are not to be combined to produce a composite score.

For this study, the Centrality subscale score was used to measure how strongly participants identified as Black. Centrality, on the MIBI, refers to the extent to which persons normatively define themselves with regard to their race. It is an assessment of whether or not race is a core part of their self-concept (Seller et al, 1997); that is, the salience of their race as a Black person to their overall understanding of their sense of self. Does it feel important in how they understand and describe themselves? Higher scores on this subscale indicate one’s race as a Black person being strongly apart of their sense of their overall identity and how they describe themselves.

The MIBI subscales demonstrated adequate internal consistency. Cronbach alphas for the subscales ranged from .60 (Private Regard) to .79 (Nationalism). The MIBI has been found to be a reliable and construct valid measure of the MMRI conceptualization of racial identity development (Seller, et al., 1997, pp. 811). “Findings indicated that racial centrality was positively associated with how much discrimination individuals reported. Such recent studies are beginning to outline just how these two constructs are related” (Sherry et al., 2006, pp. 1367). Implicit in the conceptualization of centrality is a hierarchical ranking of different identities with regard to their

proximity to the individual's core definition of self (African American Racial Identity Lab, 2012). For the purpose of this study, the Centrality subscale was used to assess self-concept as it speaks to the level one attributes race as being a core part of their self-concept (identity).

Schedule of Racist Events (SRE; Landrine & Klonoff, 1996). The Schedule of Racist Events (SRE) is a questionnaire that assesses racial discrimination in the lives of African Americans. This self-report inventory assesses the frequency of racist events experienced in the past year and in one's lifetime, and their appraisal of these experiences. The Recent Racist Events Score is generated by summing a participant's ratings for three distinct subscales: *recent experiences with racism* (within the past year); *lifetime experiences with racism* (experiences over one's lifetime); and *appraised stressfulness of one's experiences with racism* (how stressful was the racist experience). Recent and lifetime experiences both have 18 items each while appraised stressfulness has 17 items. Regarding the recent and lifetime subscales, each item is scored on a scale from 1 to 6 with 1 meaning "never" (meaning the racist event described has happened to the participant 0% of the time) and 6 meaning "almost always" (meaning the racist event described has happened 75% or more of one's past year or over one's lifetime). Appraisal of how stressful these racist events were, is measured on a scale from 1 to 6 with 1 meaning "not at all" stressful and 6 meaning "extremely" stressful. Higher scores on the recent and lifetime measures indicated having experienced racism to a large degree, either recently (within the past year) and/or over one's lifetime. High scores on the appraised stressful subscale indicate higher levels of stress experienced in response to the described racist event.

Scores for each subscale are generated by averaging item ratings for each subscale independently. Subscale scores are not to be summed together to generate a composite score for the measure as each scale is intended to measure something different. Landrine and Klonoff (1996) found this measure to have “extremely high” internal consistency ($\alpha=.95$ for recent racist events, .95 for lifetime racist events, and .94 for appraised racist events) and very high split-half reliability (.93 for recent racist events, .91 for lifetime events, and .92 for appraised racist events).

A cross-validation of the SRE was conducted to further explore the reliability and validity of this measure (Klonoff & Landrine, 1999). “Factor analyses revealed that all items in the SRE subscales loaded on a single factor, and reliability and validity coefficients were high and were similar to those previously reported” by Landrine and Klonoff (1996). Landrine and Klonoff (1996) reported “extremely high” reliability coefficients and “strong initial validity coefficients. In Landrine and Klonoff’s (1999) cross-validation of the SRE, they noted that their “prior study found extremely high reliability coefficients for the SRE and virtually identical coefficients were obtained with the new sample, thereby providing strong evidence for the reliability of the instrument” (p. 252).

The SRE has been used to measure the frequency with which participants had experiences with racism over the past year, lifetime, and their appraisal of how stressful these events were for them. As noted in Greer (2010), DeBlaere and Moradi (2008) and Fischer and Shaw (1999) found high intercorrelations between the Recent, Lifetime, and Appraised Stressfulness subscales. Fisher and Shaw (1999) noted that because of these high intercorrelations, some researchers have commonly opted to use one or two of the scales in effort of minimizing redundancy of scores. “However, the need for researchers

to engage in such strategies ultimately limits the SRE's feasibility as a research tool and serves to constrain the interpretability of findings gleaned from the measure" (Greer, 2010, p. 93).

Rape vignette (stimulus material) and follow-up question. According to Rape Abuse and Incest National Network (RAINN.org) website, two-thirds of all sexual assaults are committed by someone the victim knows, 73% are perpetrated by a non-stranger, 38% of rapes are committed by an acquaintance or friend, 28% are intimate, and 50% of all sexual assault incidents occurred at the victims home or within one mile of it. Given these national statistics, the rape vignette used to prompt suggestions for post-rape coping and appraisal of depicted a rape reflecting statistics provided by RAINN. The vignette featured a male (perpetrator) and female (survivor) that were starting romantic relationship (intimate relationship, non-strangers, and friend/acquaintance). One evening, while at the survivor's home (a home within close proximity to the perpetrator; both lived on campus), the two began "making out." However the female partner, feeling uncomfortable with the direction their petting was headed, asked her male partner to stop. He refused and coerced her to "relax." She asked him to stop several times but was ignored. He held her down against her will, removed her underwear and engaged in non-consensual sexual intercourse.

After reading this stimulus material, participants in the study were asked to determine whether or not this scenario constituted rape. Those participants that did not identify the encounter as rape were routed to a follow-up question which allowed them to explain via text why they did not identify the vignette as rape. After they finished answering this question, they were then routed to the exit screen of the survey where

they were thanked for their participation. Persons that did not identify the vignette as rape (n= 38) were not included in the analysis of his study.

Participants that identified the encounter as rape were presented with a series of follow up questions. The first question presented asked participants if they “would seek help” following the rape. Those participants that selected “No, I would not seek help” (n= 45) were directed to another screen that asked them to further explain their reason for not seeking help. Participants in this category were given a text box where they could type their response to this question. Although data collected from this group (those that would not seek help) were collected, responses collected from this question were not analyzed as a part of this study given that the focus of this study was to explore the types of coping one choose as opposed to reasons why one may not choose helping resources. Those participants that selected “Yes, I would seek help” (n=304) were directed to a screen where they were asked to select the helping sources (disclosure choices) they would use in response to the rape. These individuals became the final group of participants for the study.

The participants had the following disclosure choices from which to choose:

- the police
- a rape advocate
- a psychologist or mental health counselor
- my family or a family member
- my close friend(s)
- a spiritual/religious leader (e.g. a pastor, priest, spiritual counselor, etc.)
- the hospital for a sexual assault nurse exam and/or to be seen by a doctor.
- Other (text entry)

For purposes of analysis, these choices were divided into three categories: (1) *System disclosure choices* (police; rape advocate; psychologist or mental health counselor; and the hospital for a sexual assault nurse exam and/or to be seen by a doctor.), (2) *Non-system disclosure choice* (family or family members; friends; and spiritual/religious leaders), and (3) *Both* (i.e., both System and Non-system disclosure choices).

Data Analysis

The focus of this research was to explore (a) whether one's level of racist events experienced recently (within the year), across one's lifetime, and one's appraisal of the stressfulness of those events could predict the type of disclosure choice selected, and (b) whether racial centrality (the measure of how important one's race is to her self-concept, identity), moderates this relationship. Specifically, this research explored the moderating strength of the Centrality subscale of the MIBI (Sellers, et al, 1997) in the relationship between racism experienced and disclosure choices subsequent to rape. Figure 1.1, 1.2, and 1.3 diagram the hypothesized (and tested) moderating relationship of racial centrality on the relationship between experiences with racism (recent, lifetime, and appraisal of the stressfulness of these events) and post-rape disclosure choices.

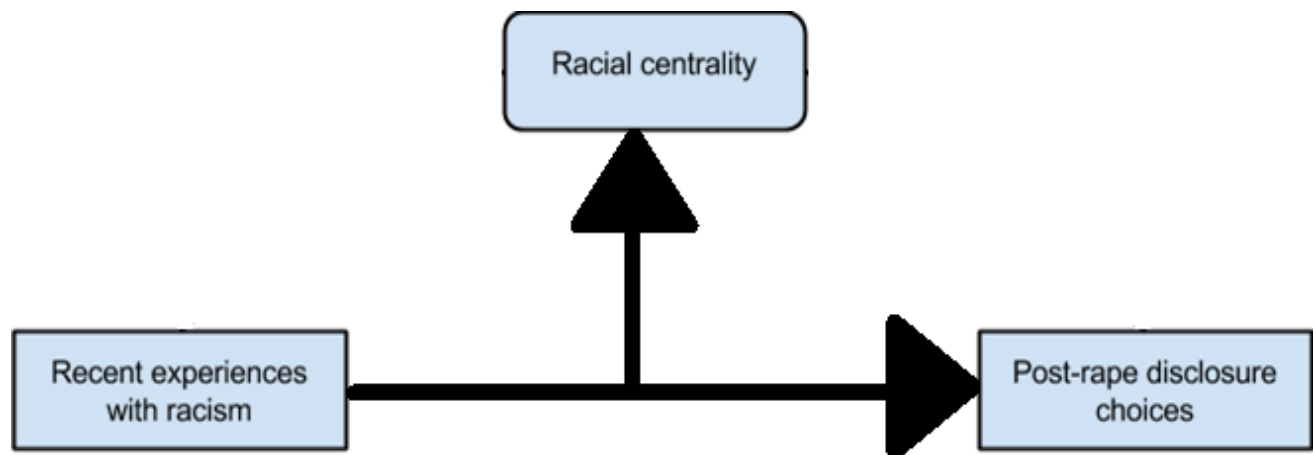


Figure 1.1. Moderating relationship of racial centrality in recent experiences with racism and post-rape disclosure choices

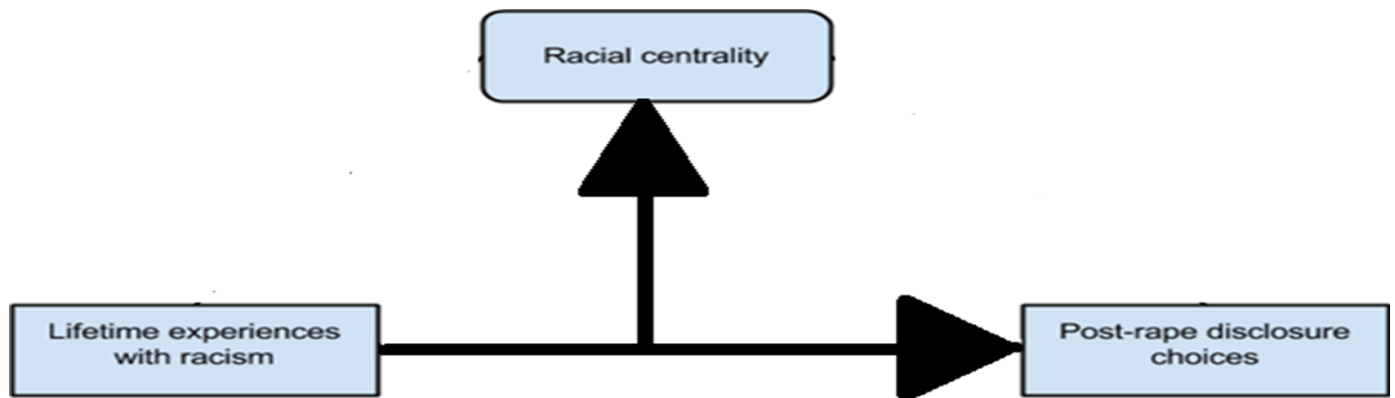


Figure 1.2 Moderating relationship of racial centrality in lifetime experiences with racism and post-rape disclosure choices

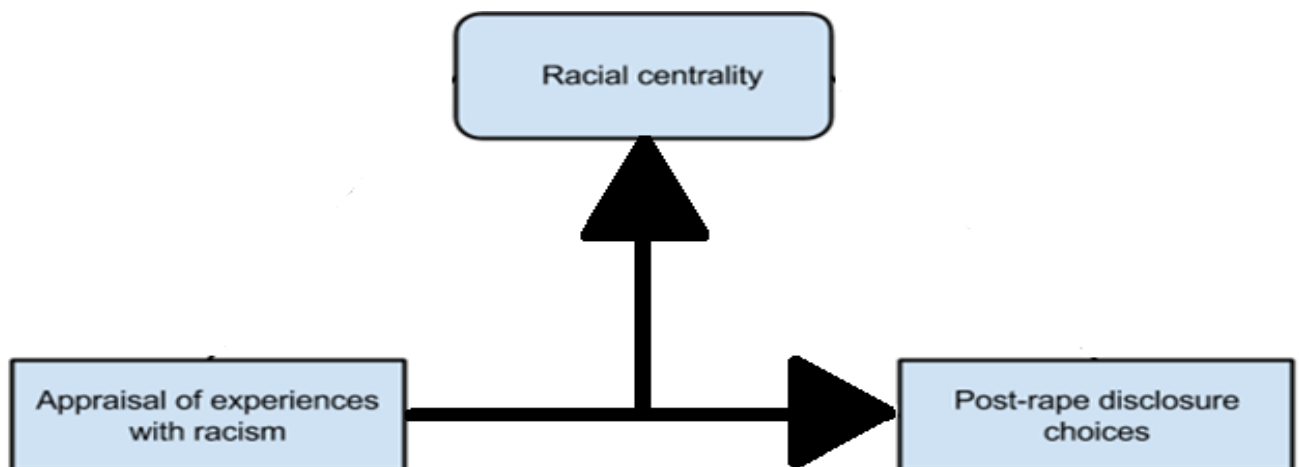


Figure 1.3 Moderating relationship of racial centrality in appraisal of experience with racism and post-rape disclosure choices

Due to the interest in the predictive nature of the continuous independent variables and the dependent variable consisting of several categories (three) that are not at least on an ordinal scale of measurement, a multinomial logistic regression model was used (Kwak & Clayton-Matthews, 2002). To facilitate the analysis of this study fully, three separate multinomial logistic regressions were run in order to analyze the relationship between: (a) recent experiences with racism and post-rape disclosure choices, (b) lifetime experiences with racism and post-rape disclosure choices, and (c) appraisal of experiences with racism and post-rape disclosure choices. The moderating strength of racial centrality was explored via interaction effects within each multinomial logistic regression model, meaning, an interaction term was created to observe the interaction between experiences with racism (recent, lifetime, and appraisal) and racial centrality (moderator) with respect to their effect on post-rape disclosure choices

CHAPTER IV: RESULTS

Statistical analyses for this study were conducted using the Statistical Package for the Social Sciences Version 22 (SPSS 22). In this chapter the preliminary analyses and the primary analyses used to address this study's hypotheses are presented. Tables and figures illustrating these findings are presented throughout.

Preliminary Analyses

Missing Values. Five hundred thirty-five persons opened the link to take the survey. Of these, 17 (3.18%) prospective participants quit the study prior to answering the study's criteria questions, and 27 (5.05%) failed to meet eligibility requirements for participation and so were exited from the survey. Ninety-seven (18.14%) discontinued or failed to complete the survey for other reasons. Because participants' demographic information was collected at the conclusion of the survey, demographic information and the reasons some did not complete the survey in its entirety could not be determined from the data. The final sample of participants whose responses were analyzed for the study was 387; this was 72.34% of those who opened the link to the survey.

Relationships among demographic variables. Correlations were conducted to explore relationships among demographic variables: sex, gender (Gen), sexual orientation (SO), ethnicity/race (ER), nationality (Nat), religion (Rel), education status meaning whether one is classified as an undergraduate, graduate, or professional student (Edu), ethnic/racial makeup of the participant's university/college (Inst), ethnic/racial makeup of the participant's community of origin/where they resided prior

to college (Com), and socioeconomic status (SES). The analyses revealed several significant relationships among the demographic variables (see Table 3). These significant correlations are noted by a single asterisk (*) to indicate that they were significant at the .05 and a double asterisk (**) to indicate that they were significant at the 0.025 level.

Table 3
Correlation Matrix of Demographic Variables for all Cases
N=387

Variable	1	2	3	4	5	6	7	8	9	10
1.Sex	-									
2.Gen	.96**	-								
3.SO	.18**	.13**	-							
4.E/R	-.04	-.04	.04	-						
5.Nat	.00	.02	.11*	.38**	-					
6.Rel	-.02	-.02	-.08	.02	.09	-				
7. Edu	-.06	-.08	.04	.17**	.04	-.00	-			
8.Inst	-.14**	-.14**	-.01	.07	.02	.04	.02	-		
9.Com	-.01	-.02	.02	.01	-.05	.05	.05	.06	-	
10.SES	.05	.05	.01	.08	-.03	-.03	.12*	-.20**	-.10	-

Note: All demographic variables in this table, with the exception of Nationality, have more than two categorical levels (i.e., Gender has three levels: man, woman, and transgendered) as opposed to just two (man and woman); Ethnicity and Religion have several levels. See Appendix D for information regarding these levels.

Descriptive Statistics. Descriptive statistics on the study's four primary variables (Racial Centrality, Schedule of Racist Events (recent), Schedule of Racist Events (lifetime), Schedule of Racist Events (appraisal of stressfulness) are presented in Table 4. Scores on the Racial Centrality measure ranged from 1.25 to 6.88 with a mean of 4.40 (SD= 1.08) suggesting that on average responses fell between neutral and somewhat agree. Scores on the Schedule of Racist Events (recent) measure ranged from 18 to 108 with a mean of 39.59 (SD= 19.72) suggesting that on average, participants indicated having experienced the types of racist events depicted in the measurement about 10% of the time over the course of the past year. Scores on the Schedule of Racist Events (lifetime) measure ranged from 18 to 108 with a mean of 44.73 (SD= 20.10) suggesting that participants endorsed scores that on average indicated having experienced the racist events depicted by the assessment about 10 to 25% over the course of their lifetime. Scores on the Schedule of Racist Events (appraisal of stressfulness) measure ranged from 17 to 102 with a mean of 47.41 (SD= 22.61) suggesting that participants endorsed a relatively lower level of stress experienced in association with the racist events depicted.

Table 4
Mean and Standard Deviation for Variables
N=387

Variable	M	SD
Racial Centrality	4.40	1.08
Schedule of Racist Events (recent)	39.59	19.72
Schedule of Racist Events (lifetime)	44.73	20.10
Schedule of Racist Events (appraisal of stressfulness)	47.41	22.61

Mean scores for each independent variable by gender and institution type. Participants were asked to identify as man, woman, or transgendered in this study. Participants were also asked to select the type of racial make-up that best described their institution (i.e., Historically/Predominantly Black, Predominately White; or Ethnically Diverse). One's racial centrality and access to helping resources (actual or perceived) may be experienced differently among Black students when university leadership and persons in these helping roles are Black as well. Given that the rape vignette presented to participants depicted a woman survivor and that 118 (30.5%) students described their institutions as Predominantly Black, possible differences among mean scores between genders and institution types were of interest

Table 5
Mean Scores for Independent Variables for Men participants
N= 182

	M	SD
Racial Centrality	4.4	1.1.
Schedule of Racist Events (recent)	43.3	21.6
Schedule of Racist Events (lifetime)	48.5	21.9
Schedule of Racist Events (appraisal)	50.4	23.6

Table 6
Mean Scores for Independent Variables for Women participants
N= 203

	M	SD
Racial Centrality	4.37	1.1
Schedule of Racist Events (recent)	36.3	17.3
Schedule of Racist Events (lifetime)	41.4	17.7
Schedule of Racist Events (appraisal)	44.9	21.5

Table 7
Mean Scores for Independent Variables for Trangender participants
N=2

	M	SD
Racial Centrality	3.3	.71
Schedule of Racist Events (recent)	30.0	16.9
Schedule of Racist Events (lifetime)	31.5	10.6
Schedule of Racist Events (appraisal)	31.5	13.4

Table 8
Mean Scores for Independent Variables for participants attending Predominantly Black
Institutions
N= 118

	M	SD
Racial Centrality	4.5	1.0
Schedule of Racist Events (recent)	39.6	20.9
Schedule of Racist Events (lifetime)	44.1	21.6
Schedule of Racist Events (appraisal)	44.1	21.5

Table 9
Mean Scores for Independent Variables for participants attending Predominantly White Institutions
N= 72

	M	SD
Racial Centrality	4.3	1.1
Schedule of Racist Events (recent)	41.7	20.3
Schedule of Racist Events (lifetime)	46.3	19.9
Schedule of Racist Events (appraisal)	50.8	22.5

Table 10
Mean Scores for Independent Variables for participants attending Ethnically Diverse
Institutions
N= 197

	M	SD
Racial Centrality	4.3	1.1
Schedule of Racist Events (recent)	38.8	18.8
Schedule of Racist Events (lifetime)	44.5	19.3
Schedule of Racist Events (appraisal)	48.2	26.1

Number of participants in each choice category. Of the 387 participants completing the survey, 83 participants answered “no” to identifying the vignette as rape or answered “no” to seeking help post rape and so did not respond to questions regarding post-rape coping resources.). Three hundred four participants identified the vignette as rape and indicated that they would seek help. With regard to these participants’ post-rape disclosure options, 77 (25.3%) of the 304 selected only system disclosure choices (police; rape advocate; psychologist or mental health counselor; and the hospital for a sexual assault nurse exam and/or to be seen by a doctor), 31 (10.2%) of

the 304 selected non-system disclosure choices (family or family members; friends; and spiritual/religious leaders), and 196 (64.5%) selected both (i.e. system and non-system disclosure choices). Given the frequency with which “both” was chosen, it served as the comparison group in the multinomial logistic regression, the study’s primary analysis.

Table 11
Number of participants in each Choice category

Response	N	%
Did not identify the vignette as rape and/or answered “no” to seeking help post-rape	83	21.4
Did identify the vignette as rape	304	78.6
Selected only “System” disclosure choices	77	25.3
Selected only “Non-System” disclosure choices	31	10.2
Selected “Both” disclosure choices	196	64.5

Normality and Outliers test. A multinomial logistic regression analysis does not require a normal distribution for predictor variables, nor does it require homogeneity of variance. Correlations among the predictor variables were computed to assess for relationships among variables these variables (see Table 12). All subscales for the Schedule of Racist Events (Landrine & Klonoff, 1996) were found to have a statistically significant relationship with the MIBI-Racial Centrality scale. Consistent with the findings of Greer (2010), DeBlaere and Moradi (2008), and Fischer and Shaw (1999), significant positive intercorrelations between the Recent, Lifetime, and Appraised Stressfulness subscales were found.

Table 12
Correlation Matrix of Predictor Variables/Measures

Variable	1	2	3
1.Racial Centrality	—		.
2.Schedule of Racist Events (recent)	.241**	—	
3.Schedule of Racist Events (life)	.251**	.923**	—
4.Schedule of Racist Events (appraisal)	.289**	.813**	.846**

**Correlation significant at the 0.01 level (2-tailed).

Additional analyses to assess intercolinearity were conducted. Variance inflation factor (VIF) and tolerance interval test (Craney & Surles, 2002) were used to ensure that

the data met the assumption of intercolinearity (see Table 13). These tests indicated that multicollinearity among the predictor variables was not of concern for the data (Racial Centrality, VIF = 1.13, Tolerance = .88; SRE-Recent, VIF = 7.34, Tolerance = .14; SRE-Lifetime, VIF = 8.91, Tolerance = .11; SRE-Appraisal, VIF = 3.69, Tolerance = .27. Given that each subscale was used separately to assess its relationship with post-rape disclosure choices and racial centrality, intercolinearity was not a concern for this research.

Table 13
Variance Inflation Factor (VIF) and Tolerance for Predictor Variables

Variable	VIF	Tolerance
Racial Centrality	1.13	.88
Racist Events (Recent)	7.34	.14
Racist Events (Lifetime)	8.91	.11
Racist Events (Appraisal)	3.69	.27

A multivariate outlier analysis was performed using all predictor variables. Mahalanobis Distance Test and a scatterplot with a standard deviation of 3.3 were used to explore possible outliers in the sample (Ekström, 2011). These tests detected one potential outlier case. Further exploration of this possible outlier found a consistency among the Racial Centrality (5.38), SRE-Recent (83), and SRE-Appraisal (88) variables, which all indicated a higher score on these measures, while the participants' average SRE-Lifetime score (42) was low in comparison. To determine this outlier's influence on results, a separate multivariate outlier analysis was conducted excluding this case in order to determine the impact of this observation. No significant difference was

detected, and the observed outlier was retained in the data set during subsequent analyses.

Primary Analyses

The focus of this study—the research question that was addressed—was whether racial centrality moderates the relationship between experiences with racism and post-rape disclosure choices among Black college students. The possible moderating effect of racial centrality on the relationship between experiences with racism and post-rape disclosure choices was analyzed using multinomial logistic regression. A series of three multinomial logistic regressions was conducted using post-rape disclosure choices as the dependent variable, experiences with racism (recent, lifetime, stress experienced) as the predictors, and racial centrality as a potential moderator. The three analyses addressed three separate aspects of the construct of experience with racism: recent year experiences, lifetime experiences, and appraisal of these events (Landrine & Klonoff, 1996) (See Figures 1.1, 1.2, and 1.3).

Analysis 1.1: The moderating effect of racial centrality on the relationship between recent experiences with racism and post-rape disclosure choices. A multinomial regression was used to analyze the relationship between participants' experiences with racism over the past year and the probabilities of selecting each of the various post-rape disclosure choices. The three post-rape disclosure choices were: (1) system choice (police; rape advocate; psychologist or mental health counselor; and the hospital for a sexual assault nurse exam and/or to be seen by a doctor) which was coded as 1.00 for the analysis), (2) non-system choice (family or

friends; and spiritual/religious leaders), which was coded as 2.00), and (3) both (the individual chose both system and non-system options), which was coded as 3.00.

Tables 14, 15a, and 15b present results generated for this multinomial logistic regression. Tables 16, 17a, and 17b explored those same variables, but with Racial Centrality as a moderator in the relationship between recent experiences with racism and post-rape disclosure choices.

Model fitting and Nagelkerke Pseudo R Squared indices describe how well a set of observations fit the statistical model. They summarize discrepancies between any observed values and the values expected by the model presented. Table 7 presents model fitting information and Nagelkerke Pseudo R Squared information for Experiences with Racism-Recent. The model fit, Log Likelihood and Nagelkerke Pseudo R-Square indices indicated that the model was not a fit for the data, LL (247.77, χ^2 (2=4.02, $p=.13$); Nagelkerke $R^2 = .02$. This means that the observed values did not match the expected values generated by the present model.

Table 14 Model Fitting Information and Nagelkerke Pseudo R Squared for Experiences with Racism Recent

Model Fitting Criteria		Likelihood Ratio Tests			Pseudo R Squared
Model	-2 Log Likelihood	Chi-Square	Df	Sig.	Nagelkerke
Intercept only	251.79				.016
Final	247.77	4.02	2	.13	

Table 15a and Table 15b present results of the analysis of the relation between recent experiences with racism on the various Choice probabilities. Parameter estimates suggested the odds of selecting Both or System as a disclosure choice were equal, $b = .00$, Wald $\chi^2(1) = .07, p > .05$. With regard to the Non-System choices, the parameter estimates suggested that the odds of a person selecting a Non-System disclosure choice relative to selecting Both as a disclosure choice were equal ($\text{Exp}(B) = .98$), $b = -.02$, Wald $\chi^2(1) = 3.10, p < .05$.

Table 15a Parameter Estimates for Experiences with Racism Recent

	B(SE)	Wald	Df	Sig.
System vs Both				
Intercept	-1.00 (.30)	11.38	1	.00
Racist Events-Recent	.00 (.01)	.07	1	.79
Non-System vs Both				
Intercept	-1.07 (.45)	5.54	1	.02
Racist Events-Recent	-.02 (.01)	3.10	1	.08

Table 15b Parameter Estimates for Experiences with Racism

95% CI for Exp(B)			
	Upper	Exp(B)	Lower
System vs Both			
Intercept			
Racist Events-Recent	.99	1.00	1.02
Non-System vs Both			

Intercept			
Racist Events-Recent	.96	.98	1.00

The reference category is: Both

Table 16 presents model fitting information for Experiences with Racism (Recent) when the Racial Centrality (RC) interaction was entered into the model as a moderator. Log Likelihood and Nagelkerke Pseudo R-Square indicates that the model including the main effect of Experiences with Racism-Recent, Racial Centrality and the interaction between the two main effects was a significant fit to the data, LL(477.92, χ^2 (6=13.07, $p=.04$); Nagelkerke $R^2 = .05$. This means that the observed values matched the expected values generated by the present model.

*Table 16 Model Fitting Information and Nagelkerke Pseudo R Squared (Experiences with Racism-Recent*Racial Centrality)*

Model Fitting Criteria		Likelihood Ration Tests			Pseudo R Squared
Model	-2 Log Likelihood	Chi-Square	Df	Sig.	Nagelkerke
Intercept only	490.99				.05
Final	477.92	13.07	6	.04	

Table 17a and Table 17b present results of the analysis of the relation between recent experiences with racism on the various Choice probabilities when the Racial Centrality (RC) interaction was entered into the model as a moderator. Parameter estimates suggested the odds of selecting Both as a disclosure choice was 1.00 times

more likely than the odds of selecting System as their disclosure choice when the moderator was entered into the model, $b = .01$, Wald $\chi^2(1) = 2.15$, $p > .05$. Non-System choices parameter estimates suggested the odds of selecting Both as a disclosure choice relative to selecting Non-System was more likely to occur when Racial Centrality was entered into the model as an interaction ($\text{Exp}(B)$) = 1.04, $b = .04$, Wald $\chi^2(1) = 6.42$, $p < .05$. It appears that scores on Racial Centrality did moderate the relationship between recent experiences with racism and post-disclosure choices.

Table 17a Parameter Estimates for Experiences with Racism Recent w/Racial Centrality

	B(SE)	Wald	Df	Sig.
System vs Both				
Intercept	1.27 (1.39)	8.39	1	.36
Racial Centrality	-.53 (.31)	2.83	1	.09
Racist Events Recent	-.05 (.04)	1.82	1	.18
Racist Events-Recent w/RC	.01 (.01)	2.15	1	.14
Non-System vs Both				
Intercept	3.49(2.12)	2.71	1	.10
Racial Centrality	-.95(.45)	4.40	1	.04
Racist Events-Recent	-.19 (.07)	7.41	1	.01
Racist Events-Recent w/RC	.035(.014)	6.42	1	.01

Table 17b Parameter Estimates for Experiences with Racism w/Racial Centrality

	95% CI for Exp(B)		
	Upper	Exp(B)	Lower
System vs Both			
Intercept			
Racial Centrality	.32	.59	1.02
Racist Events-Recent	.89	.95	1.02
Racist Events-Recent w/RC	.10	1.00	1.02
Non-System vs Both			
Intercept			
Racial Centrality	.16	.39	.94
Racist Events-Recent	.72	.83	.95
Racist Events-Recent*RC	1.01	1.04	1.03

The reference category is: Both

An additional analysis was run to further explore how Racial Centrality interactions moderated the relationship between recent experiences of racism and

disclosure choices. This was done by calculating the probability for System versus Both and Non-System versus Both responses across the levels of Racial Centrality when holding experiences with racism constant at the three levels of answer choices (i.e., 25th percentile-having experienced racism 25% of the time or less over the past year, 50 percentile—median score, and 75th percentile- having experienced this 75% or more of the time over the past year).

For those participants that indicated having experienced racism about 25% of the time over the course of the year, as Racial Centrality increased the probability of selecting a Non-system disclosure choice decreased. For those participants that experienced racism around the mean score over the course of the year, as Racial Centrality increased the probability of selecting a Non-System disclosure choice increased. The same pattern was observed for those participants that indicated having experienced racism over the past year as the 75% or more level (i.e., as Racial Centrality increased, the probability of selecting a Non-System Disclosure choice increased).

Regarding System-disclosure choices, for those participants having experienced racism at the 25th percentile level over the course of the year, as Racial Centrality increased the probability of selecting a System-disclosure choice decreased. For those participants who indicated having experienced racism over the course of the year at the mean level, as Racial Centrality scores increased the probability of selecting a System-disclosure choice increased. Finally, for those participants that indicated having experienced racism over the course of the year at the 75th percentile level, as Racial Centrality scores increased, the probability of selecting a System-disclosure choice increased.

With regard to Non-System Choices, a comparison of scores generated from both analysis (i.e., analysis without moderator and analysis with moderator) are noted as important. Table 18a and Table 18b present the comparison of these scores. When comparing, it appeared that selecting non-system disclosure choices exclusively were less likely when scores on Racial Centrality was entered into the model.

Table 18a Parameter Estimates for Experiences with Racism Recent vs Experiences with Racism Recent w/Racial Centrality-Comparison

	B(SE)	Wald	Df	Sig.
Non-System vs Both				
Intercept	-1.07 (.45)	5.54	1	.02
Racist Events-Recent	-.02 (.01)	3.10	1	.08
Non-System vs Both w/RC				
Intercept	3.49(2.12)	2.71	1	.10
Racial Centrality	-.95(.45)	4.40	1	.04
Racist Events-Recent	-.19 (.07)	7.41	1	.01
Racist Events-Recent w/RC	.04(.01)	6.42	1	.01

*Table 18b Parameter Estimates for Experiences with Racism Recent vs Experiences with Racism Recent*Racial Centrality -Comparison*

95% CI for Exp(B)			
	Upper	Exp(B)	Lower
Non-System vs Both			
Intercept			
Racist Events-Recent	.96	.98	1.00
Non-System vs Both w/RC			
Intercept			
Racial Centrality	.16	.39	.94
Racist Events-Recent	.72	.83	.95
Racist Events-Recent w/RC	1.01	1.04	1.03

The reference category is: Both

Analysis 1.2: The moderating effect of racial centrality on the relationship between overall lifetime experiences with racism and post-rape disclosure choices. A multinomial regression was used to analyze the relationship between participants' experiences with racism over the course of their lifetime and the probabilities of selecting each of the various post-rape disclosure choices. Again, the three post-rape disclosure choices were: (1) system choice (police; rape advocate; psychologist or mental health counselor; and the hospital for a sexual assault nurse exam and/or to be seen by a doctor), (2) non-system choice (family or friends; and spiritual/religious leaders), and (3) both (the individual chose both system

and non-system options). Tables 19, 20a and 20b present results generated for this multinomial logistic regression. Tables 21 and 22 explored those same variables but with Racial Centrality as a moderator in the relationship between experiences with racism-lifetime and post-rape disclosure choices.

Table 19 presents model fitting information and Nagelkerke Pseudo R Squared information for Experiences with Racism-Lifetime. Regarding model fit, Log Likelihood and Nagelkerke Pseudo R-Square indices indicated that the model was not a significant fit for the data, $LL(260.147, \chi^2 (2=3.949, p=.139)$; Nagelkerke $R^2 = .016$. This means that the observed values did not match the expected values generated by the present model.

Table 19 Model Fitting Information and Nagelkerke Pseudo R Squared for Experiences with Racism-Lifetime

Model Fitting Criteria		Likelihood Ration Tests		Pseudo R Squared	
Model	-2 Log Likelihood	Chi-Square	Df	Sig.	Nagelkerke
Intercept only	264.10				.02
Final	260.15	3.95	2	.14	

Tables 20a and 20b present results concerning recent experiences with racism impact on the Choice probabilities. Parameter estimates suggested that the odds were equal for selection Both or System as their disclosure choice, $b = .00$, Wald $\chi^2 (1) = .00$, $p > .05$. Concerning Non-System choices, the parameter estimates suggested that the odds of a person selecting a Non-System disclosure choice relative to selecting Both as a disclosure choice were equal, $(Exp(B)) = .98$, $b = -.02$, Wald $\chi^2 (1) = 3.34$, $p > .05$.

Table 20a Parameter Estimates for Experiences with Racism Lifetime

	B(SE)	Wald	Df	Sig.
System vs Both				
Intercept	-.94 (.32)	8.45	1	.00
Racist Events-Lifetime	.00 (.01)	.00	1	.99
Non-System vs Both				
Intercept	-.99 (.48)	4.19	1	.04
Racist Events-Lifetime	-.02 (.01)	3.34	1	.07

Table 20b Parameter Estimates for Experiences with Racism-Lifetime continued

95% CI for Exp(B)			
	Upper	Exp(B)	Lower
System vs Both			
Intercept			
Racist Events-Lifetime	.99	1.00	1.01
Non-System vs Both			
Intercept			
Racist Events-Lifetime	.96	.98	1.00

The reference category is: Both

Table 21 presents model fitting information for Experiences with Racism-Lifetime when the Racial Centrality interaction was entered into the model as a moderator. Log Likelihood and Nagelkerke Pseudo R-Square indicated that the model

did fit the data, LL (492.35, χ^2 (6)=13.66, $p=.03$); Nagelkerke $R^2 = .05$. This means that the observed values matched the expected values generated by the model.

*Table 21 Model Fitting Information and Nagelkerke Pseudo R Squared (Experiences with Racism-Lifetime*Racial Centrality)*

Model Fitting Criteria		Likelihood Ratio Tests		Pseudo R Squared	
Model	-2 Log Likelihood	Chi-Square	Df	Sig.	Nagelkerke
Intercept only	506.01				.05
Final	492.35	13.66	6	.03	

Table 22a and Table 22b present results of the analysis of the relations between lifetime experiences with racism on the various Choice probabilities when the Racial Centrality (RC) interaction was entered into the model as a moderator. Parameter estimates suggested the odds of selecting Both as a disclosure choice was 1.017 times higher than the odds of selecting System as a disclosure choice when the moderator was entered into the model, $b = .02$, Wald χ^2 (1) = 4.86, $p < .05$. With regard to the Non-System choices, parameter estimates suggested the odds of selecting Both as a disclosure choice relative to selecting Non-System was more likely, $(\text{Exp}(B)) = 1.03$, $b = .03$, Wald χ^2 (1) = 4.90, $p < .05$.

Table 22a Parameter Estimates for Experiences with Racism Lifetime Racial Centrality*

	B(SE)	Wald	Df	Sig.
System vs Both				
Intercept	2.43 (1.47)	2.75	1	.10
Racial Centrality	-.79 (.34)	5.48	1	.02
Racist Events Life	-.07 (.04)	4.41	1	.04
Racist Events-Life w/RC	.02(.01)	4.86	1	.03
Non-System vs Both				
Intercept	3.11 (2.20)	2.01	1	.16
Racial Centrality	-.87 (.48)	3.32	1	.07
Racist Events-Life	-.15 (.06)	6.08	1	.01
Racist Events-Life w/RC	.03(.01)	4.90	1	.03

*Table 22b Parameter Estimates for Experiences with Racism Lifetime*Racial Centrality*

	95% CI for Exp(B)		
	Upper	Exp(B)	Lower
System vs Both			
Intercept			
Racial Centrality	.24	.46	.88
Racist Events-Life	.87	.86	.10
Racist Events-Life w/RC	1.00	1.02	1.03
Non-System vs Both			
Intercept			
Racial Centrality	.16	.4218	1.07
Racist Events-Life	.76	.83	.97
Racist Events-Life w/RC	1.00	1.03	1.05

The reference category is: Both

An additional analysis was run to further explore how Racial Centrality interactions moderated the relationship between lifetime experiences of racism and disclosure choices. This was done by calculating probability for System versus Both and Non-System versus Both responses across the levels of Racial Centrality when holding experiences with racism constant at the three levels of answer choices (i.e., 25th percentile-having experienced racism 25% of the time or less over the past year, mean score, and 75th percentile- having experienced this 75% or more of the time over the past year).

For those participants that indicated having experienced racism about 25% of the time over the course of their lives, the probability of selecting a Non-system disclosure choice was low and this score remained constant even when the Racial Centrality score increased. For those participants that experienced more instances of racism (mean score or more) the pattern in probability appeared to shift. For those participants that experienced racism around the mean score, as Racial Centrality increased the probability of selecting a Non-System disclosure choice over Both as a disclosure choice increased. The same pattern was observed among those participants that indicated having experienced racism over the course of their lives at the 75% or more level (i.e., as Racial Centrality increased, the probability of selecting a Non-System Disclosure choice increased).

Regarding System-disclosure choices, for those participants having experienced racism at the 25th percentile level over the course of their lives, as Racial Centrality increased the probability of selecting a System-disclosure choice decreased. For those participants who indicated having experienced racism over their lives at the mean level, as Racial Centrality scores increased the probability of selecting a System-disclosure choice increased as well. Finally, for those participants that indicated having experienced racism over the course of their lives at the 75th percentile level, as Racial Centrality scores increased, the probability of selecting a System-disclosure choice increased as well.

Analysis 1.3: The moderating effect of racial centrality on the relationship between the appraised stress of experiencing racism and post-rape disclosure choices. A multinomial regression was used to analyze the relationship between participants' appraised stressfulness of the racism the participant has experienced and the probabilities of selecting each of the various post-rape disclosure choices. Again the three post-rape disclosure choices were: (1) system choice (police, rape advocate, psychologist or mental health counselor, and the hospital for a sexual assault nurse exam and/or to be seen by a doctor), (2) non-system choice (family or friends, and spiritual/religious leaders), and (3) both (the individual chose both system and non-system options). Tables 23 and 24a/b present results generated for this multinomial logistic. Tables 25 and 26 explored those same variables, but with Racial Centrality as a moderator in the relationship between recent experiences with racism and post-rape disclosure choices.

Table 23 presents model fitting information and Nagelkerke Psuedo R Squared information for Experiences with Racism-Appraisal-. Regarding model fit, Log Likelihood and Nagelkerke Pseudo R-Square indicated that the model was not a significant fit for the data, LL (278.72, χ^2 (2=5.56, $p=.06$); Nagelkerke $R^2 = .02$. This means that the observed values did not match the expected values generated by the model.

Table 23 Model Fitting Information and Nagelkerke Pseudo R Squared for Experiences with Racism-Appraisal

Model Fitting Criteria		Likelihood Ration Tests		Pseudo R Squared	
Model	-2 Log Likelihood	Chi-Square	Df	Sig.	Nagelkerke
Intercept only	284.28				.02
Final	278.72	5.56	2	.06	

Tables 24a and 24b present results of the analysis of the relation between appraised stressfulness of experiences with racism's on the various Choice probabilities. Parameter estimates suggested the odds of selecting System as a disclosure choice is .991 times higher than the odds of selecting Both as their disclosure choice (i.e., the participant was 9% less likely to choose Both as their disclosure choice), $b = .01$, Wald $\chi^2(1) = .208$, $p > .05$. Concerning Non-System choices, the parameter estimates suggested that the odds of a person selecting a Non-System disclosure choice relative to selecting Both as a disclosure choice was more likely ($\text{Exp}(B) = .98$, $b = -.02$, Wald $\chi^2(1) = 3.98$, $p < .05$. It is important to note, however p value and the $\text{Exp}(B) = .98$, given that this was close to 1.00. This means that the higher the appraisal scores on experiences with racism, the higher the likelihood that one would choose a non-system disclosure choice.

Table 24a Parameter Estimates for Experiences with Racism-Appraisal

	B(SE)	Wald	Df	Sig.
System vs Both				
Intercept	-.53 (.31)	2.89	1	.09
Racist Events-Appraisal	.01(.01)	2.08	1	.15
Non-System vs Both				
Intercept	-1.00 (.44)	5.28	1	.02
Racist Events-Appraisal	-.02(.01)	3.983	1	.05

Table 24b Parameter Estimates for Experiences with Racism-Appraisal

95% CI for Exp(B)			
	Upper	Exp(B)	Lower
System vs Both			
Intercept			
Racist Events-Appraisal	.98	.99	1.00
Non-System vs Both			
Intercept			
Racist Events-Appraisal	.96	.98	1.00

The reference category is: Both

Table 25 presents model fitting information for Experiences with Racism-Appraised Stressfulness when the Racial Centrality (RC) interaction was entered into the model as a moderator. Log Likelihood and Nagelkerke Pseudo R-Square indicated

that the model did fit the data, LL (484.19, χ^2 (6)=15.70, $p=.02$); Nagelkerke $R^2 = .06$. This means that the observed values matched the expected values generated by the model.

*Table 25 Model Fitting Information and Nagelkerke Pseudo R Squared (Experiences with Racism-Appraisal*Racial Centrality)*

Model Fitting Criteria		Likelihood Ration Tests		Pseudo R Squared	
Model	-2 Log Likelihood	Chi-Square	Df	Sig.	Nagelkerke
Intercept only	499.89				.06
Final	484.19	15.70	6	.02	

Table 26a and 26b present results of the analyses of the relation between appraised stressfulness of experiences with racism on the various Choice probabilities when the Racial Centrality (RC) interaction was entered into the model as a moderator. Parameter estimates suggested that the odds of selecting Both as a disclosure choice was 1.01 times higher than the odds of selecting System as their disclosure choice when Racial Centrality was entered into the model, $b = .01$, Wald χ^2 (1) = 3.97, $p < .05$. Non-System choices parameter estimates suggested that the odds of selecting Both as a disclosure choice relative to selecting Non-System was likely to occur when Racial Centrality was entered into the model ($\text{Exp}(B)$) = 1.03, $b = .03$, Wald χ^2 (1) = 7.04, $p < .01$.

Table 26a Parameter Estimates for Experiences with Racism Appraisal Racial Centrality*

	B(SE)	Wald	Df	Sig.
System vs Both				
Intercept	1.96 (1.30)	2.27	1	.13
Racial Centrality	-.58 (.30)	3.71	1	.05
Racist Events Appraisal	-.07(.03)	4.82	1	.03
Racist Events-Appraisal w/RC	.01 (.01)	3.97	1	.05
Non-System vs Both				
Intercept	2.77(1.78)	2.41	1	.12
Racial Centrality	-.81(.40)	4.09	1	.04
Racist Events-Appraisal	-.141(.05)	8.58	1	.00
Racist Events-Appraisal w/RC	.03(.01)	7.04	1	.01

*Table 26b Parameter Estimates for Experiences with Racism Appraisal*Racial Centrality*

	95% CI for Exp(B)		
	Upper	Exp(B)	Lower
System vs Both			
Intercept			
Racial Centrality	.31	.56	1.01
Racist Events-Appraisal	.88	.9	.99
Racist Events-Appraisal w/RC	1.00	1.01	1.03
Non-System vs Both			
Intercept			
Racial Centrality	.21	.45	.98
Racist Events-Appraisal	.79	.87	.95
Racist Events-Appraisal w/RC	1.01	1.03	1.05

The reference category is: Both

An additional analysis was run to further explore how Racial Centrality interactions moderated the relationship between appraisals of experiences of racism and disclosure choices. This was done by calculating probability for System versus Both and Non-System versus Both responses across the levels of Racial Centrality when holding appraisal of experiences with racism constant at the three levels of answer choices (i.e., 25th percentile-having experienced racism 25% of the time or less over the past year,

mean score, and 75th percentile- having experienced this 75% or more of the time over the past year).

For those participants that appraised the level of stressfulness of the racism they experienced at the 25th percentile level, as Racial Centrality increased the probability of selecting a Non-system disclosure choice increased. For those participants that appraised the level of stressfulness of the racism they experienced at the mean percentile level, as Racial Centrality increased the probability of selecting a Non-system disclosure choice increased. The same pattern was observed among those participants that appraised the level of stressfulness of the racism they experienced at the 75th percentile level; as Racial Centrality increased the probability of selecting a Non-system disclosure choice increased.

Regarding System-disclosure choices, for those participants that appraised the level of stressfulness related the racism they experienced at the 25th percentile level, as Racial Centrality scores increased, the probability of selecting a System-disclosure choice decreased. For those participants that appraised the level of stressfulness of the racism they experienced at the mean percentile level, as Racial Centrality increased the probability of selecting a System-disclosure choice decreased. Regarding those participants that appraised the level of stressfulness related to the racism they experienced, a different pattern was found. As scores in Racial Centrality increased the probability of selecting a System-disclosure choice increased.

CHAPTER V: DISCUSSION

The purpose of this study was to examine the relationship between a person's experience with racism and the sort of disclosure choices she would make following a sexual assault or rape, and whether that relationship was moderated by the degree to which the person's racial identity was central to her personal identity. Three models were tested: (a) the effect of racial identity centrality on the relationship between one's recent experiences of racism and her post-rape disclosure choices, (b) the effect of racial identity centrality on the relationship between one's lifetime experiences of racism on her post-rape disclosure choices, and (c) the effect of racial identity centrality on the relationship between the stressfulness of one experiences of racism and her post-rape disclosure choices.

The results of the analyses suggested the following: The centrality of one's racial identity significantly influenced the relationship between one's experiences of racism (recent experiences, lifetime experience, and appraised stressfulness of one's experiences of racism) and the sorts of post-rape disclosure choices participants in the study selected. Specifically, the more central a participant's racial identity, the more likely the person would select to disclose rape both to traditional system (e.g., medical doctor, sexual assault nurse, rape advocate, psychologist, etc.) and to non-system (e.g., family member, friend, spiritual leader, etc.) individuals. Without consideration of the centrality of one's racial identity, participants tended to indicate that they would disclose a rape to either traditional system or non-system—but not to both.

Discussion and Implications of Findings

A number of issues and possible implications for research, training, and clinical practice derive from this study.

Research considerations. The present study found racial centrality to moderate the relationship between experiences with racism and the types of post-rape disclosure choices sought. This study, however, looked at these variables in a sample of African American college students specifically. Research using the same analyses and variables in other communities of color (e.g., Latino/a American, Southeast Asian-American, American Indian, Asian-American, etc.) should be considered. These communities of color share in a history of systemic discrimination that remains present and impactful. This study's findings and existing literature regarding the impact of racism suggests that post-rape coping choices could be potentially moderated by cultural variable such as one's racial centrality. Additional largely marginalized identities such as gender and sexual identity warrant attention as well. It seems reasonable to suggest that this study be replicated using other historically marginalized communities, using culturally- appropriate measures relative to the cultures of the individual groups being sampled.

With respect to the present study, persons in this sample represented a variety of racial identities within the African diaspora. Although similar, perceived coping resources available with regard to what is deemed culturally appropriate may differ among these groups. These differences may potentially be based upon one group's history in the US; how strongly a person is connected to her native culture relative to the

culture found in the US; how long the person has been in the USA; and the person's experience with US cultural norms. Sensitivity to ethnic differences within this sample as a community of color (e.g. African-American versus Jamaican-American, Nigerian-American, Afro-Cuban, Multi-ethnic, etc.) is warranted.

Additionally, although the study collected qualitative data concerning why participants may have not considered the vignette a depiction of rape, why they may have decided to not seek help, and why they selected the coping resources they did, these data were not analyzed as a part of the study. Exploration of these qualitative data seems warranted. A mix-methods study concerning these qualitative responses and the variable analyzed in the present study may provide important information that is not yet captured by existing measures. Additionally, due to the polarizing recent racially charged events (e.g., Michael Brown-Ferguson, Missouri; Trayvon Martin-Sanford, Florida, Tamir Rice-Cleveland, Ohio; and Eric Garner-Staten Island, New York) replicating this study and including a measure exploring participants' attitudes toward race relations in this country may have value.

Training considerations. Several training considerations are suggested by the findings of this study. Results from this study supports the integration of not only culturally-competent, but socially-just clinical intervention graduate training within programs. Attention to historical and contemporary factors that potentially impact Black persons in this country could be taught to future clinicians so they will provide culturally sensitive and appropriate interventions. Results of this study suggest that it is important for clinicians to understand cultural coping and how experiences with racism impact the way one perceives System forms of help. Adherence to socially-just training models requires an understanding of this and commitment to teaching

interventions that integrate both System and Non-system disclosure choices (i.e., Both). Practica and externship sites that would allow for students/trainees to refine these skills (in providing interventions that are both System and Non-system choices) is warranted as well.

Personal cultural identity exploration is suggested for training as well. Clinicians, in order to fully understand the role experiences with discrimination plays in one's post-rape disclosure choices, must understand their own identity and future biases and beliefs they have about the Black community, rape survivors, system resources, cultural coping, and the reporting process. Trainees should acknowledge the presence of discrimination within system resources and validate the feelings concerning these resources that their clients may present. Exploration of one's own biases and beliefs that may further minoritize and stigmatize this community is warranted as an important component of training. Guided self-cultural reflection via classroom assignments and immersion experiences (e.g., practicum/externship) may help future clinicians to think critically about the role they play in the therapeutic relationships with clients that may be Black and/or a survivor. Additionally, trainees should be trained as advocates and begin practicing how they will challenge discrimination within systems of power. In preparation for this work, it is encouraged that programs adopt a Scientist-Practitioner-Advocate Model (Mallinckrodt, B., Miles, J., & Levy, J., 2104), move towards requiring more than one multicultural counseling course, create course work focused on working with survivors of various forms of trauma, and integrate into their program at least one required advocacy based practicum/externship.

The aforementioned considerations are strongly encouraged regarding how to best train future clinicians for work with rape survivors and those that may be indirectly

affected that could potentially serve as a resource and/or support (non-system resources).

Finally, special attention to sexual assault/abuse in training is warranted. It is strongly encouraged that a curriculum include specialized training for all trainees on matters pertaining to sexual assault and additional focused course work for those trainees who plan to continue their work with survivors. This course work should include how best to support, counsel, and connect survivors with culturally-sensitive resources. Of importance, is that clinicians be trained to be socially-just advocates for this population.

Results from this study revealed that some of the participants did not consider the presented vignette as a depiction of rape. Additionally, there were participants that did consider the vignette a depiction of rape, but decided to not seek help. Training regarding the perpetuation of rape myths and rape culture is encouraged to be integrated in professional psychology programs. Trainees should be provided with support on how to challenge rape myths and rape culture within Non-System and System supports.

Clinical practice considerations. The results of this study have clinical practice considerations/implications. “Culturally sensitive health interventions have proven to vitally important for the elimination of health disparities that Black Americans face” (Harvey & Afful, 2011). Given that Racial Centrality was found to moderate the relation between experiences with racism and the types of post-rape disclosure choices selected it is important for clinicians to consider how a person’s racial identity may impact the therapeutic alliance and/or clinical relationship with other system resources (e.g., nurses, doctors, rape advocates, etc.). Clinicians should pay

special attention to the importance cultural coping or non-system relationships (e.g., spiritual leaders, family, and friends) and the role these cultural resources play in a survivor's recovery. Clinicians should increase their knowledge of and access to disclosure choices that are considered Non-system, and build professional relationship with these entities in an effort to create stronger working alliances that may better serve the survivors with whom they work (e.g., relationships between mental health agencies and community churches).

The findings of the study have implications on how therapists might conceptualize one's presenting concern from a more culturally-competent and social-just theoretical orientation. A conceptualization that considers cultural factors such as identity and experiences with discrimination could impact the sorts of clinical interventions selected. In this regard, psychotherapy should include interventions that integrate those cultural coping (non-system) resources into the work of therapists (e.g., connecting them to someone within their faith; encouraging them to identify trustworthy persons within their cultural communities for support; etc.).

Therapists, even if they have received multicultural / socially-just and sexual assault/abuse survivor focused training, should engage in continuing education aimed at better understanding these population and the intersection of race and survivor status. Understanding in this area will promote sensitivity to cultural phenomena, such as racial discrimination and rape culture that impact a person's disclosure choices. Continued education in regards to race should illuminate the role racial centrality/identity and cultural coping have in post-rape disclosure behaviors. Continuing education should also train early career and established professions in new non-conventional interventions that reflect non-system disclosure choices and that align

closely to their own cultural coping. In a study exploring mindfulness and mental health among African American college students, Masuda and colleagues (Masuda et al., 2009) found mindfulness to be a significant predictor of mental health and that it mediated the relationship between self-concealment and emotional distress in stressful interpersonal situation (full mediation) and general psychological ill health (partial mediation). These findings from Masuda et al. suggests that non-conventional interventions such as “mindfulness may be useful to understand mental health within African American college students, although additional research is clearly needed” (p.115). Therapist should be cognizant of their own biases as this will influence their work with Black survivors and could potentially cause Black survivors to experience re-traumatization (racism and discrimination because of their survivor status). Established and early-career therapist should continue to engage in cultural self-reflection that explores potential biases they hold in an effort to better provide socially-just clinical interventions.

The results of this study have implications for future outreach and college campus public health endeavors. Integration of culturally competent and sensitive materials that support the integration of coping resources that include both System and Non-system choices should be disseminated. Psycho-educational workshops should reflect this as well. Clinicians should review, revisit, and correct existing materials that perpetuate rape falsehoods and systems of privilege concerning who can and should access system coping resources. Outreach and public health endeavors should aim to educate college campus personnel, the lay public, and support systems about these issues as well.

Limitations of the study

Several limitations to the finding of this study must be considered. Although this study did answer what it sought to explore, some of the findings could potentially suggest the existence of variables not accounted for by some of the assessments. For example, lower scores, on average, were generated from most respondents on both the Racial Centrality Scale and Schedule of Racist Events (all three subscales). What specifically could be contributing to lower than anticipated scores in these domains is unclear, but it remains that response in the sample were significantly different from those in other studies that have used these instruments. Additional measures, such as one exploring self-concealment and stigma (towards rape survivors/culture as well as seeking system forms of help) may have provided more information concerning the interaction between measure scores.

In terms of generalizability, the respondents in this sample all identified as college students, either at the undergraduate, graduate, or professional school level. This must be considered when interpreting responses and finding, given that most institutions tend to advertise support for survivors and/or those who have questions about rape. All higher education institutions are required to adhere to Title IX guidelines, make these guidelines public, and require all incoming students training concerning these guidelines (Know Your *IX*. Retrieved April 20, 2015, from <http://knowyourix.org/>). Title IX is a landmark federal civil right that requires all institutions of higher education to ensure the prohibition of sex discrimination, harassment, or violence on campus. Under Title IX, Campuses must be proactive in ensuring that all students, regardless of their gender or sexual identity, can file a

complaint without threat of retaliatory harassment of behavior from university officials or the accused. Under Title IX, universities can issue a no-contact derivative to prevent the accused from interacting with the survivor. Individuals in communities other than college campuses communities may not receive this exposure to the same the degree as college students, nor may they have access to such helping resources (e.g., Title IX coordinator, rape-survivor advocates, groups, and access to on campus health care). Although those not living in campus communities (e.g., those in the work force) may be required to undergo sexual harassment training, these training opportunities can differ in their protocol, approach, and objectives. Additionally, unlike college students, these individuals must initiate coordination of care on their own, as opposed to having someone in near proximity that knows how to navigate the system resources that are at their disposal whenever they are needed. Replication of this study using a community sample of Black persons may lead to different results from those found in this endeavor.

All participants in this sample racially identified as Black. The generalizability to other communities of color, other historically marginalized identities, and/or to lay public, must be considered.

Finally, as mentioned in research considerations section above, qualitative data concerning why some may have not considered the vignette a depiction of rape, why some may have decided to not seek help, and why individuals selected the coping resources they did, was collected but not analyzed for this study. The qualitative pieces collected in this study may have answered questions concerning variables not accounted for (e.g., reasons for low score on Racial Centrality measure; attitudes towards seeking help; etc.). The consideration and analysis of these data may have aided inferences and interpretation of findings.

Summary and Conclusions

The current study found Racial Centrality to be a significant moderator in all three model analyses exploring a relationship between experiences with racism and types of coping resources sought post rape. The study found the Racial Centrality interactions predicted a broader or more inclusive coping choices, Both (System and Non-system choices), when experiences with racism were present. Research endeavors continue to find that this population, in comparison to their White counterparts, seeks psychological services less, and report sexual assault to a lesser degree than their White counterparts.

For every one African American woman that reports her rape, there are 15 African American women that do not (Bureau of Justice Special Report 2003). While reporting statistics of additional gender identities within this community are needed, it could be strongly suggested that reporting statistics for additional gender populations would be similar. Washington (2001) revealed that out of 12 survivors, five disclosed to family or a close friend within 24 hours of the sexual assault occurring, with one of those five seeking professional help and one seeking help from a college infirmary four to five days after the assault. The remaining seven either never disclosed the sexual assault or waited anywhere from 3 to 25 years to disclose the assault (Washington, 2001). Washington's research, and that of others, included in the present research, suggests that although the trauma and experience of rape in the Black community are similar to those of the dominant culture in many ways, the historical and contemporary

implications faced by Black persons in the United States leads to a fundamental difference in the nature and quality of resources available to this population, their willingness to access “system resources,” and the response they receive when they do seek help. Because rape culture and rape myth endorsement is highly influenced by popular culture and largely operated by majority groups (e.g., White persons) and others systems of power and privilege, it is important that attention be given to the reporting experiences of Black survivors. Research concerning attitudes towards rape myths/culture within Black community is warranted as well.

The findings of this study represent a conceptual contribution to the existing literature that aims to better service and support for the Black college students, Black non-college students, and survivors of rape. The findings of this study support the importance and power of racial identity. It is hoped that this research study will generate more inquiry into the specific variables examined in this study (experiences with racism, racial centrality, and post-rape disclosure choice), in an effort to better provide socially-just and culturally competent services.

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APPENDIX A: INFORMED CONSENT/INVITATION TO PARTICIPATE¹

Approved by the Human Subjects Committee University of
Kansas, Lawrence Campus (HSCL). Approval expires one
year from 3/5/2013 HSCL # 20705

Greetings,

The Department of Psychology and Research in Education at the University of Kansas supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time without penalty.

We are conducting a study to better understand the way individuals think about rape and culture. This will entail your completion of an online questionnaire. The questionnaire is expected to take under 45 minutes to complete.

We don't anticipate any risks; however, the questions and vignette presented may cause some level of discomfort due to the subject matter. For that reason, we have included a national hotline number that can assist in finding local services that may help you with uncomfortable feelings experienced. Although participation may not benefit you directly, we believe that the information obtained from this study will help to gain a better understanding of how individuals understand rape, cultural influences, and the resources that may be accessed by rape victims. Your participation is solicited, although strictly voluntary. Your name will not be known by the researcher and so cannot be associated in any way with the research findings. It is possible, however, with internet communication, that through intent or accident someone other than the intended recipient may see your response.

Clicking on the survey link below indicates your willingness to participate in this project and that you are at least 18 years of age. You may withdraw at any time prior to submitting the survey. If you have any additional questions about your rights as a research participant, please call (785) 864-7429, write the Human Subjects Committee Lawrence Campus (HSCL), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7563, or email mdenning@ku.edu.

If you experience discomfort during or after the completion of the survey, please do not hesitate to contact the National Sexual Assault Hotline at 1.800.656.HOPE, or you may visit the online hotline: <http://www.rainn.org/>. They can help assist you with finding local resources.

If you would like additional information concerning this study before or after it is completed, please feel free to contact the researchers by email.

¹ Informed consent/invitation to participate used to solicit participation from the HBCU sample included university name and contact information for the faculty member that aided with coordination of data collection.

Sincerely,

Shantoyia S. Jones, M.S.
Doctoral Student
Counseling Psychology
Psychology Research & Education
University of Kansas
toyjones@ku.edu

James Lichtenberg, Ph.D.
Dissertation Advisor
Counseling Psychology
Psychology Research & Education
University of Kansas
jlicht@ku.edu

(SURVEY WEBLINK HERE)

APPENDIX B: SURVEY SELECTION CRITERIA

Thank you for your interest in completing this survey. Before the survey begins please select the appropriate answer concerning whether or not you meet all of the criteria for this study.

---You are 18 years old or older

---You are currently an undergraduate or graduate/professional student attending a college/university

---And you racially identify as being Black (i.e., Black; African; African-American; Afro-Caribbean/West Indian; Afro-Latin/Afro-Latin American; Multiracial (Black being a component of your racial make-up); Afro-European; etc.)

☐ Yes

☐ No

APPENDIX C: EXIT SCREEN/THANK YOU MESSAGE

FOR PARTICIPANTS THAT DID NOT

MEET STUDY CRITERIA

Thank you for attempting to take the survey. We greatly appreciate your interest. Unfortunately, you do not meet the selection criteria needed for the purposes of this study. If you believe there is an error and that you do meet all criteria to complete this survey, please navigate back to the original recruitment email sent to you, review the criteria, and attempt to take the survey again. Thank you for your time and consideration!

Shantoyia S. Jones, M.S.
Doctoral Candidate
Counseling Psychology
Psychology Research & Education
University of Kansas
toyjones@ku.edu

James Lichtenberg, Ph.D.
Dissertation Advisor
Counseling Psychology
Psychology Research & Education
University of Kansas
jlicht@ku.edu

APPENDIX D: DEMOGRAPHIC QUESTIONNAIRE

Sex:

☐ Male ☐ Female ☐ Intersex

Gender:

☐ Man ☐ Woman ☐ Transgendered

Sexual Orientation:

☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bi-Sexual ☐ Questioning

Age:

(numeric text entry of age)

Ethnic Background:

☐ African
☐ African-American
☐ Afro-Caribbean/West Indian
☐ Afro-Latin/Afro-Latin American
☐ Multiracial (Black being a component of your racial identity)
☐ Unknown

Nationality:

☐ USA-born
☐ Other: _____

Religion:

☐ Agnostic
☐ Atheist
☐ Buddhism
☐ Christian
☐ Hinduism
☐ Islam
☐ Judaism
☐ Non-religious
☐ Other: _____

How would you describe your college/university?

Historically Black College/University _____

Predominantly White College/University _____

Racial/Ethnically Diverse University (i.e. many races represented in significant percentages; an example of this might be if the racial composition of your university is 30% Asian, 30% African descent, 30% European, 10% Other) _____

How would you describe the primary community in which you reside (prior to coming to college)?

☐ Rural ☐ Suburban ☐ Urban ☐ Other:

What is the racial composition of your primary community (home/where you grew up or lived the longest)?

_____ (Maximum 15 words)

How many ethnic organizations do you belong to (e.g. Black Student Union, National Pan-Hellenic sorority/fraternity, NAACP, etc.)? (enter a number)

How would you describe your immediate family's socioeconomic status?

☐ Lower class/Meeting poverty thresholds ☐ Working class ☐ Middle class

☐ Upper middle class

☐ Wealthy

Are you a survivor of sexual assault (i.e. rape, childhood sexual abuse, etc.)?:

☐ Yes ☐ No

Are you a close acquaintance, friend, relative, partner, and/or spouse of someone that is a survivor of sexual assault (i.e. an indirect relationship with sexual assault)?

☐ Yes ☐ No

Have you ever had a sexual encounter that you were unsure whether it constituted as rape?

☐ Yes ☐ No

Has someone close to you ever had an encounter that they were unsure as to whether it constituted as rape?

☐ Yes ☐ No

APPENDIX E: MULTIDIMENSIONAL INVENTORY OF BLACK IDENTITY

Scoring Instruction for the Multidimensional Inventory of Black Identity (MIBI) Centrality Subscale

Reverse score all items that have a (R) next to them by subtracting 8 from each individual's score on the item. Next, average the scores for each item.

Centrality Items (8): 1(R), 6, 9, 13(R), 19, 33, 48, & 51 (R)

1. Overall, being Black has very little to do with how I feel about myself.

Strongly Disagree			Neutral			Strongly Agree
1	2	3	4	5	6	7

6. In general, being Black is an important part of my self-image.

Strongly Disagree			Neutral			Strongly Agree
1	2	3	4	5	6	7

9. My destiny is tied to the destiny of other Black people.

Strongly Disagree			Neutral			Strongly Agree
1	2	3	4	5	6	7

13. Being Black is unimportant to my sense of what kind of person I am.

Strongly Disagree			Neutral			Strongly Agree
1	2	3	4	5	6	7

19. I have a strong sense of belonging to Black people.

Strongly Disagree			Neutral			Strongly Agree
1	2	3	4	5	6	7

33. I have a strong attachment to other Black people.

Strongly Disagree			Neutral			Strongly Agree
1	2	3	4	5	6	7

48. Being Black is an important reflection of who I am.

Strongly Disagree			Neutral			Strongly Agree
1	2	3	4	5	6	7

51. Being Black is not a major factor in my social relationships.

Strongly Disagree			Neutral			Strongly Agree
1	2	3	4	5	6	7

APPENDIX F: SCHEDULE OF RACIST EVENTS

Landrine & Klonoff- Schedule of Racist Events Assessment

We are interested in your experiences with racism. As you answer the questions below, please think about your ENTIRE LIFE, from when you were a child to the present. For each question, please circle the number that best captures the things that have happened to you. Answer each question, TWICE, once for what has happened to you IN THE PAST YEAR, and once for what YOUR ENTIRE LIFE HAS BEEN LIKE. Use these numbers:

Check 1- If this has NEVER happened to you

Check 2- If this has happened ONCE IN AWHILE (less than 10% of the time)

Check 3- If this has happened SOMETIMES (10% - 25% of the time)

Check 4- If this has happened ALOT (25% - 49% of the time)

Check 5- If this has happened MOST OF THE TIME (50% - 75%)

Check 6- If this has happened ALMOST ALL OF THE TIME (more than 75% of the time)

1. How many times have you been treated unfairly by teachers or professors because you are Black?

How many times in the past year?	1	2	3	4	5	6
How many times in your entire life?	1	2	3	4	5	6
	Not at all				Extremely	
How stressful was this for you?	1	2	3	4	5	6

2. How many times have you been treated unfairly by your employers, bosses, and supervisors because you are Black?

How many times in the past year?	1	2	3	4	5	6
How many times in your entire life?	1	2	3	4	5	6
	Not at all				Extremely	
How stressful was this for you?	1	2	3	4	5	6

3. How many times have you been treated unfairly by your coworkers, fellow students and colleagues because you and/or they are Black?

How many times in the past year?	1	2	3	4	5	6
How many times in your entire life?	1	2	3	4	5	6
	Not at all				Extremely	
How stressful was this for you?	1	2	3	4	5	6

4. How many times have been treated unfairly by people in service jobs (store clerks, waiters, bartenders, bank tellers, and others) because you were Black?

How many times in the past year?	1	2	3	4	5	6
How many times in your entire life?	1	2	3	4	5	6
	Not at all				Extremely	
How stressful was this for you?	1	2	3	4	5	6

5. How many times have you been treated unfairly by strangers because you or they are Black?
- | | | | | | | |
|-------------------------------------|------------|---|---|---|-----------|---|
| How many times in the past year? | 1 | 2 | 3 | 4 | 5 | 6 |
| How many times in your entire life? | 1 | 2 | 3 | 4 | 5 | 6 |
| | Not at all | | | | Extremely | |
| How stressful was this for you? | 1 | 2 | 3 | 4 | 5 | 6 |
6. How many times have you member been treated unfairly by people in helping jobs (doctors, nurses, psychiatrists, psychologists, caseworkers, dentists, school counselors, therapists, social workers, and others) because you or they are Black?
- | | | | | | | |
|-------------------------------------|------------|---|---|---|-----------|---|
| How many times in the past year? | 1 | 2 | 3 | 4 | 5 | 6 |
| How many times in your entire life? | 1 | 2 | 3 | 4 | 5 | 6 |
| | Not at all | | | | Extremely | |
| How stressful was this for you? | 1 | 2 | 3 | 4 | 5 | 6 |
7. How many times have you been treated unfairly by neighbors because you and/or they are Black?
- | | | | | | | |
|-------------------------------------|------------|---|---|---|-----------|---|
| How many times in the past year? | 1 | 2 | 3 | 4 | 5 | 6 |
| How many times in your entire life? | 1 | 2 | 3 | 4 | 5 | 6 |
| | Not at all | | | | Extremely | |
| How stressful was this for you? | 1 | 2 | 3 | 4 | 5 | 6 |
8. How many times have you been treated unfairly by institutions (schools, universities, law firms, the police, the courts, the Department of Social Services, the Unemployment Office, and others) because you and/or they are Black?
- | | | | | | | |
|-------------------------------------|------------|---|---|---|-----------|---|
| How many times in the past year? | 1 | 2 | 3 | 4 | 5 | 6 |
| How many times in your entire life? | 1 | 2 | 3 | 4 | 5 | 6 |
| | Not at all | | | | Extremely | |
| How stressful was this for you? | 1 | 2 | 3 | 4 | 5 | 6 |
9. How many times have you been treated unfairly by people that you thought were your friends because you and/or they are Black?
- | | | | | | | |
|-------------------------------------|------------|---|---|---|-----------|---|
| How many times in the past year? | 1 | 2 | 3 | 4 | 5 | 6 |
| How many times in your entire life? | 1 | 2 | 3 | 4 | 5 | 6 |
| | Not at all | | | | Extremely | |
| How stressful was this for you? | 1 | 2 | 3 | 4 | 5 | 6 |
10. How many times have you been accused or suspected of doing something wrong (such as stealing, cheating, not doing your share of the work, or breaking the law) because you and/or they are Black?
- | | | | | | | |
|-------------------------------------|------------|---|---|---|-----------|---|
| How many times in the past year? | 1 | 2 | 3 | 4 | 5 | 6 |
| How many times in your entire life? | 1 | 2 | 3 | 4 | 5 | 6 |
| | Not at all | | | | Extremely | |
| How stressful was this for you? | 1 | 2 | 3 | 4 | 5 | 6 |

11. How many times have people misunderstood your intentions and motives because you are Black?
- How many times in the past year? 1 2 3 4 5 6
- How many times in your entire life? 1 2 3 4 5 6
- Not at all Extremely
- How stressful was this for you? 1 2 3 4 5 6
12. How many times did you want to tell someone off for being racist but didn't say anything?
- How many times in the past year? 1 2 3 4 5 6
- How many times in your entire life? 1 2 3 4 5 6
- Not at all Extremely
- How stressful was this for you? 1 2 3 4 5 6
13. How many times have you been really angry about something racist that was done to you?
- How many times in the past year? 1 2 3 4 5 6
- How many times in your entire life? 1 2 3 4 5 6
- Not at all Extremely
- How stressful was this for you? 1 2 3 4 5 6
14. How many times were you forced to take drastic steps (such as filing a grievance, filing a lawsuit, quitting a job, moving away, and other actions) to deal with some racist thing that was done to you and/or them?
- How many times in the past year? 1 2 3 4 5 6
- How many times in your entire life? 1 2 3 4 5 6
- Not at all Extremely
- How stressful was this for you? 1 2 3 4 5 6
15. How many times have you been called a racist name out of anger and in effort to discriminate, like "n_____"², coon, darkie, jungle bunny, monkey, or other names?
- How many times in the past year? 1 2 3 4 5 6
- How many times in your entire life? 1 2 3 4 5 6
- Not at all Extremely
- How stressful was this for you? 1 2 3 4 5 6
16. How many times have you gotten into an argument or a fight about something racist that was done to somebody else?
- How many times in the past year? 1 2 3 4 5 6
- How many times in your entire life? 1 2 3 4 5 6
- Not at all Extremely
- How stressful was this for you? 1 2 3 4 5 6

² The actual "n" word and a variation of it, rather than "n_____" appears in the scale for item 15. It is of the discretion of the author that she chooses not to show the word in its entirety for publication purposes.

17. How many times have you been made fun of, picked on, pushed, shoved, hit or threatened with harm because and/or they are Black?

How many times in the past year?	1	2	3	4	5	6
How many times in your entire life?	1	2	3	4	5	6
	Not at all				Extremely	
How stressful was this for you?	1	2	3	4	5	6

18. How different would your life be now if you HAD NOT BEEN treated in a racist and unfair way...

In the past year?

Same as now--A little different--Different in a few ways--Different in a lot of ways--Different in most ways--Totally Different

1	2	3	4	5	6
---	---	---	---	---	---

In your entire life?

Same as now--A little different--Different in a few ways--Different in a lot of ways--Different in most ways--Totally Different

1	2	3	4	5	6
---	---	---	---	---	---

Instructions for Scoring the SRE

1. Sum the subjects rating for the past year frequency of events on all 18 items. This equals their recent racist events score (range= 18-108)
2. Sum the subjects' ratings for entire lifetime frequency of events on all 18 items. This equals their lifetime racist events score (range= 18-108)
3. Sum the subjects' ratings for how stressful each event was on the first 17 items. This equals their appraised racist events score (range= 17-102).

APPENDIX G: RAPE VIGNETTE

Please read the following vignette and answer the questions to follow.

Vignette: De'Andre and Taneisha have been courting (talking) to each other for two weeks and are feeling romantic and sexual chemistry towards one another. Taneisha has expressed that she wants to wait to have sex as she feels it will be more special when they have spent more time with one another and know each other better. De'Andre reluctantly has agreed to this, but has continued to express his deep physical attraction toward Taneisha and how hard it would be for him to wait to have sex with her. One very late night, Taneisha invited De'Andre to come and hang out with her at her apartment. She explained that her roommate was gone for the evening and wanted to know if he would like to watch a movie with her. De'Andre, excited to spend time with her, left his dorm room and rushed over to her campus apartment. Once he arrived, Taneisha started the movie, turned out the lights, and sat very close to De'Andre on the living room couch. While watching the movie, the two began making out and provocatively fondling each other. In the course of their making out, De'Andre began to slowly undo Taneisha's skirt. Taneisha grew uncomfortable as she sensed their making out was heading in a direction she was not ready for. She asked De'Andre to stop a few times, but he ignored her wishes and told her "Relax, I won't hurt you". He insisted that "it is okay; chill out; I really care about you; I know you care about me, this is what you do when you like each other". De'Andre attempted to undo Taneisha's blouse. Taneisha immediately tried to remove his hand and insisted that he stop. De'Andre began to kiss Taneisha on her neck and face while using one hand to hold Taneisha's hands down, and using his other hand to lift up her skirt and pull down her underwear. Taneisha, trembling, asked him "to please stop". De'Andre, after inserting his penis into Taneisha gently placed his hand over her mouth, whispered "it's okay, relax baby" in her ear, and proceeded to have sexual intercourse with her. Taneisha, somewhat frozen, unable to speak, and afraid did not ask De'Andre to stop again. After intercourse, De'Andre awoke early the next morning. He whispered to Taneisha, who appeared to still be asleep, that he would call her later. He quickly grabbed some breakfast from Taneisha's pantry, gave a sleeping-Taneisha a kiss on her cheek and said goodbye. He made it back to his dorm in enough time to shower, get dressed and make it to his 8 am class. Please answer the following questions...

Text highlighted in blue is the Qualtrics logic needed to generate the question given a participant's response

***Did a rape occur?**

- ☐ Yes
- ☐ No

Answer If Did a rape occur? Yes Is Selected

***If you were Taneisha, would you seek help following the rape?**

- ☐ Yes
- ☐ No

Answer If you were Taneisha, would you seek help following the r... Yes Is Selected

***If you were Taneisha, what would you do following the rape? What would be the next best steps for you to take? Please select all that apply. I would seek help from...**

- ☐ the police
- ☐ a rape advocate
- ☐ a psychologist or mental health counselor
- ☐ my family or a family member
- ☐ my close friend(s)
- ☐ a spiritual/religious leader (e.g. a pastor, priest, spiritual counselor, etc.)
- ☐ the hospital for a sexual assault nurse exam and/or to be seen by a doctor.
- ☐ Other:_____

Answer If you were Taneisha, would you seek help following the r... No Is Selected

***You've indicated that you would not seek help in response to being raped if you were Taneisha. Please tell us your reason for this answer.**

Answer If you were Taneisha, would you seek help following the r... Yes Is Selected

***Please tell us your reasons for selecting the choices you have above.**

`${q://QID5/ChoiceGroup/SelectedChoices}`

Answer If Did a rape occur? No Is Selected

***You indicated that you do not believe that Taneisha was raped; please tell us your reason for this answer.**
